Medical History in the Western Reserve

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Contents

■ **FEATURE**

1 Dr. Dittrick's Museum
by James M. Edmonson

■ **REPRINT**

26 A Medical Pioneer of Trumbull County a Century Ago (1941)
by Howard Dittrick

■ **INSIGHT**

42 Revisiting Abner Webb, Jr., M. D.: Use of Alternative Sources for Writing the History of Medicine
by Molly W. Berger

■ **FOCUS**

64 Evolution of a Dream: The Dittrick Museum Today
by Patsy Gerstner

Howard Dittrick, M. D. (1877-1954). Dr. Dittrick is seen here holding a small hand balance while regarding an early American-made microscope (HDM 1336), patterned after those of John Marshall, an influential English maker.

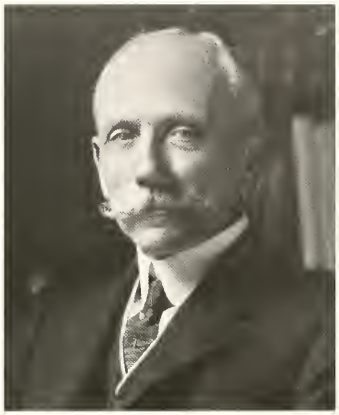
(Photo courtesy of Dittrick Museum of Medical History.)

Dr. Dittrick's Museum

Introduction

How does a medical history museum come into being and what determines its character and nature? For the Dittrick Museum, answering these questions requires a closer look at the intentions and motivations of Dudley Peter Allen and, more importantly, Howard Dittrick, the two individuals most responsible for the creation and early direction of the museum.

Allen and Dittrick's involvement in the preservation of medical artifacts stemmed from their recognition that such objects constituted a special form of documentation of medicine's heritage. They appreciated the fact that artifacts differ from the printed record, as embodied in books, in at least two important ways. First, artifacts are mute; unlike books, they do not "speak for themselves." We can respond to them tactily and sensually, but we can not read them in the conventional sense of that word. Therefore, coaxing out their stories, their meanings, becomes a more challenging task. Perhaps Allen and Dittrick took up this challenge because they also recognized another significant way in which artifacts, as documents of past medical thought and practice, differed from books. Essentially prescriptive in character, books relate what our forebearers advised people to do or not to do; they do not necessarily indicate if anyone acted upon such advice, however. In contrast, artifacts may provide more concrete evidence of what people actually did. For this reason alone, according to Allen and Dittrick, artifacts deserve to be preserved and studied.



Dudley Peter Allen, M.D. (1852-1915). Surgeon, scholar and collector, Dr. Allen collected artifacts associated with the medical "pioneers" of the Western Reserve. These artifacts subsequently became the core of the museum collection.

Allen and Dittrick also made conscious choices as to the ways in which they would present the collection of artifacts to the public. Allen saw the growing collection of medical instruments as means to venerate the

by James M. Edmonson

early pioneer doctors of the Western Reserve, the northeastern corner of Ohio. He may have intended to create a miniature pantheon of local medical luminaries, but made little progress in this direction before his death. Dittrick began his responsibilities as curator imbued with much the same spirit. Exposure to the practices of other medical museums, notably the Wellcome in London, caused Dittrick to shift the focus of the museum's collecting and exhibits somewhat. While local medical heritage figured prominently in the museum's mission, displays documented medical progress, particularly as evidenced in the instrumental development of medicine in the nineteenth century. The technologically-oriented character of Western medicine stood out in greater relief when juxtaposed against artifacts drawn from the medical heritage of other, non-Western cultures. For Dittrick, there was a special fascination with the intermingling of faith in non-Western medical beliefs and practices. Thus, a museum of local medical history evolved, acquiring a collection and developing a character that transcended its parochial origins.

The character of the Dittrick Museum of Medical History was also shaped by being part and parcel of a medical library. At the beginning, the museum was an outgrowth of the educational mission carried on by the Cleveland Medical Library Association (CMLA) since 1894.[1] The historically-minded founders of the Association placed great value upon preserving the heritage of medicine, while at the same time serving the needs of modern medicine. Indeed, the first book given to the Cleveland Medical Society to stimulate the formation of a medical library association in 1893 was a 1555 edition of Andreas Vesalius' *De Humani Corporis Fabrica*.[2] This precedent was followed by several members of the newly-founded Cleveland Medical Library Association in the years before 1900. For example, Drs. Dudley P. Allen, Henry E. Handerson, Carl Hamann and Gustav C.E. Weber each gave hundreds of older medical texts, including several rare editions dating to the sixteenth century.[3] As a result of its leaders' appreciation of the value of historical documents, the CMLA library began with a solid foundation in the classic medical works which would form the core of its rare book collection. Acquiring artifacts and creating a medical museum did not constitute departures from the Association's purposes, but instead were simply additional ways in which members expressed their historical interests around the turn of the century.

The Era of Dudley Peter Allen, M.D.

The genesis of the Dittrick Museum can be traced to Dr. Dudley Peter Allen, a prominent surgeon of Cleveland and a founder of the CMLA. Allen was keenly interested in the practitioners of "pioneer medicine" in the Western Reserve (present day northeastern Ohio), including his grandfather, Dr. Peter Allen (1788-1864), and

even had published a creditable history of the earliest doctors in the region.[4] As Allen compiled these biographies, he also began to collect medical artifacts, particularly memorabilia associated with eminent local physicians.[5] From the descendants of several of these men, Allen acquired doctors' saddlebags, medicine bottles, surgical sets, and other early medical paraphernalia. It is not known whether Allen originally envisioned the establishment of a museum in which these objects might be displayed. However, it is worth noting that he was a serious collector of prints, eighteenth-century French furniture, and Chinese export porcelain. Collecting medical artifacts simply may have been another way for Allen to satisfy an acquisitive urge. Whatever Allen's original impetus for collecting, these artifacts constituted tangible links to his medical forebearers. His efforts to preserve the relics of these men were sanctioned formally in 1899 by the creation of an "Historical Collections and Decorating Committee" of the CMLA.[6] Under Allen's direction, this committee actively sought engravings and photographs of medical "men of note."[7] Such illustrative materials were to be used for embellishing the halls and rooms of the CMLA library on Prospect Avenue in Cleveland--to lend them an air of distinction.

After the turn of the century the acquisition of historical objects increased, notably through donations from Dr. Gustav Weber's extensive collection of surgical instruments.[8] It soon became evident that the CMLA would have to set aside some space for their care in the Prospect Avenue building. Therefore, the trustees of the CMLA requested the Historical Collections Committee "to investigate and report on the matter of securing cases suitable for the display and preservation of these instruments."[9]

The CMLA collections of medical books and journals were increasing as well, and their growth led to the construction in 1906 of a sizeable addition to the existing Prospect Avenue structure. There, on the second floor of the expanded and remodeled building, the CMLA first opened a "museum in which are stored many objects of professional interest."[10] No pictures of the "museum" survive and contemporary descriptions of the CMLA make little mention of its existence. We can only surmise that it was a modest display of precious mementoes.

The Historical Collections Committee met only sporadically in the years after 1906 and it seems that few other members of the CMLA shared Dr. Allen's enthusiasm for developing a medical museum. Interest was renewed dramatically in 1915, however, when the CMLA received $200,000 from the estate of Dr. Allen. The donor left this sum to the organization with the stipulation that his gift was "conditioned upon its [the CMLA] entering into no alliance with other institutions which shall seek to dominate its activities or the use of its funds for other than as a Medical Library and Museum. . . ."[11] Allen

clearly expected that the nascent museum would be an integral part of the CMLA's operations and that it would benefit from his generosity.

Dr. Allen's gift prompted the CMLA trustees to think about ways to expand their facilities. They rejected the makeshift solution to their space problem, still more additions to the existing structure, and instead began to contemplate the idea of building an entirely new library. The trustees commissioned their building committee to prepare a list of library requirements and to engage an architectural firm to draw up specifications and plans.[12] In the summer of 1922 the CMLA hired Walker and Weeks, Cleveland's foremost architectural firm during the 1920s, to make preliminary plans. Members of the building committee were sent on a fact-finding tour of the principal medical libraries in Washington, Baltimore, Philadelphia, New York and Boston. One member of this committee, Dr. John F. Stephan, was given responsibility for the study of "museums, special collections, paintings, decoration, interior material {and} artistic features."[13]

Upon returning to Cleveland in August of 1922, the building committee formulated the requirements for a library and turned these stipulations over to the architectural firm. Over the ensuing months, the trustees and architects discussed various plans; by late July of 1923, Walker and Weeks were "authorized to prepare detailed drawings of certain features and a perspective."[14] The building would be erected on CMLA property on Prospect Avenue and was expected to cost about $200,000. Although no special mention was made of a museum, the blueprints prepared by the architects featured a museum room on the upper floor.[15]

Shortly after the committee received these drawings, the planning of the library building took an unexpected turn. Dr. Robert E. Vinson, new president of Western Reserve University, learned of the plans under consideration and proposed that the CMLA consider erecting its library near the new medical complex of the university. As an inducement, Vinson suggested that Western Reserve University might offer a suitable tract of land to build adjacent to the campus. This move became possible when Mrs. Francis F. Prentiss, daughter of Louis Severance and widow of D.P. Allen, offered the CMLA the sum of $400,000 to help erect a library building as a memorial to Dr. Allen.[16] She insisted that the Association abandon its Prospect Avenue site in favor of the university hospital area. Mrs. Prentiss also indicated that the library should be planned on a larger, more ambitious scale than originally envisioned.[17] Walker and Weeks then prepared new plans for an expanded structure to be situated in the area that was later called University Circle. These plans were accepted by the CMLA trustees in July of 1924.[18] A large clerestoried museum gallery, surrounded by study rooms, dominated the third floor in their plans.

"Euclid Avenue elevation of the Allen Memorial Medical Library," preliminary pen and ink drawing by Walker and Weeks, Architects, 1925.

(Photo courtesy of Dittrick Museum of Medical History.)

Howard Dittrick, M.D., Curator

About this time, Dr. Howard Dittrick became responsible for the museum collection. Dittrick, born and educated in Ontario, Canada, had come to Cleveland upon completing his medical education at the University of Toronto in 1900.[19] While still an "obscure extern" in obstetrics and gynecology at Lakeside Hospital, Dittrick joined the CMLA and steadily developed a fascination with medical history.[20] This interest led to his involvement in caring for the CMLA historical collections, as he later recalled:

> While the Library was still in the Prospect Avenue building, I was placed in charge of certain historical material accumulated mostly by Dudley P. Allen. There were rare prints, unusual appliances, instruments, and equipment of pioneer physicians of the Western Reserve wilderness.[21]

Upon completion of the Allen Memorial Medical Library in 1926, the CMLA moved its collections, including the fledgling museum, to University Circle. At that time, Dr. C. H. Lenhart, Directing Librarian, appointed Dittrick to the Library Committee, officially in charge of "local medical history."[22] Over the next two years Dittrick became involved increasingly in museum affairs and, after becoming a trustee of the CMLA in 1927, he was called upon to "study and develop the Library Association's policy concerning the Medical Museum."[23] When the CMLA trustees met to discuss the future of the museum in November, Dittrick reported that a

museum devoted to local medical history would stimulate interest in the library, and therefore should be pursued. The trustees voted to grant their endorsement to the museum venture, but withheld any budgetary commitment. It would be up to Dittrick to find other ways to develop the museum.

Soliciting donations of objects comprised a logical method of expanding the museum collections and gaining recognition. Beginning in 1927 Dittrick addressed his solicitations to the relatives and descendants of prominent deceased medical men. From these individuals he hoped "to obtain some article of personal association."[24] His plan succeeded and the museum became the recipient of objects ranging from a twine holder that once sat on the desk of Oliver Wendell Holmes, Sr., to original diphtheria intubation tubes owned by Joseph P. O'Dwyer, their inventor.

Dittrick's collecting during this period was directed as much by personal whim as by any system or purpose; attainment of individual fame and recognition in the medical world seemed reason enough to value the possessions of these men. When it came to collecting objects associated with his closer contemporaries, Dittrick became somewhat more programmatic. Several categories emerged as important, including: 1) Clevelanders who attained renown in other cities;[25] 2) medical men who also attained literary eminence;[26] 3) physicians who served as diplomats; 4) men for whom "anatomic structures, disease, reactions and tests in medicine" had received eponymic identification;[27] and 5) individuals who made an "epochal addition to medical research."[28] From individuals in these categories Dittrick sought mementoes and especially autographed photographic portraits. Over the years, Dittrick also canvassed manufacturers of medical and surgical equipment, including Spencer Lens Co., Kny-Scheerer Co., and Becton, Dickinson, Co. These firms were asked to contribute "any old obsolete models which are of no intrinsic value but which are of historic significance."[29] Needless to say, the museum's collections began to increase substantially. In recognition of his labors on behalf of, and commitment to, the collection of historical artifacts, the trustees appointed Dittrick "Curator of the Museum" in 1928.[30] In addition, the museum would henceforth be known as the "Museum of Historical and Cultural Medicine."

Defining the Museum's Mission

While Dittrick was enjoying some success in getting gifts of artifacts, he was having difficulty establishing a firm financial base for the museum. Therefore, Dittrick turned to Mrs. Prentiss in early 1928 in hopes of obtaining an endowment. To persuade her of the importance of the museum's collections, he invoked the memory of her deceased husband, Dudley Peter Allen. Dittrick described how he had come across many donations from Dr. Allen when unpacking the

historical objects which had accumulated in the old building of the CMLA. He told the widow: " {I was} impressed with the number and variety of these finds and frequently wished that I had undertaken the work while Dr. Allen was still with us."[31]

Dittrick also related that the previous November, he had prepared a display of these historical objects when the Executive Council of the CMLA trustees met to discuss the museum's future. Seeing the collection begun by Dr. Allen convinced the Executive Council that Allen would have wanted the museum's growth to continue: "It was felt that the exhibit indicated that we were pursuing a course as evidenced by these gifts as well as by his historical writings."[32] Mrs. Prentiss expressed her thanks for Dittrick's "interest in the historical objects which were gathered by Dr. Allen during his life,"[33] but offered no monetary gift to underwrite the development of the museum. Evidently, a different tactic was needed.

Dittrick concluded that he must approach not only Mrs. Prentiss, but also her brother, John L. Severance, formerly an associate of John D. Rockefeller in Standard Oil and then a wealthy Cleveland businessman. Both individuals were descendants of Dr. David Long, first physician of Cleveland, and Dittrick proposed dedicating the museum to Long's memory. The question remained: How was he to sell this idea to them effectively? In search of guidance, Dittrick enlisted two important allies, Frederick A. Whiting and William T. Corlett. Mr. Whiting, of the Cleveland Museum of Art, had given Dittrick much assistance in museum matters over the previous two years and Dittrick trusted his counsel implicitly. Whiting even had facilitated the purchase of sixteenth-century orthopedic appliances by securing a gift of $500 for the museum from John Severance. Whiting offered to review the plans for the museum; having done so, he was, "entirely in accord with the purpose, the scope and the future development of the Museum as envisioned."[34] Moreover, Whiting was willing to offer "practical suggestions in preparing the matter to be presented to Mr. Severance."[35]

For his emissary to Mrs. Prentiss and Mr. Severance, Dittrick chose Dr. William T. Corlett, a distinguished dermatologist and long-time friend of Dr. Allen (and fellow founder of the CMLA). Corlett also shared with Allen an avid interest in local medical history and had presented an historical address featuring Dr. Long at the annual meeting of the CMLA in 1921.[36] In February of 1930, Corlett wrote to Mr. Severance, advancing the notion of a museum dedicated to Dr. Long. Severance replied promptly that "both Mrs. Prentiss and I are interested in the proposition that you have made in regard to fitting up a room in the Library in memory of our great grandfather, Dr. David Long."[37] He expressed his willingness to meet with Corlett or Dittrick later in the spring and discuss the matter in more detail. Corlett was optimistic that he had piqued the family's interest enough to

secure their support. As he explained to Dittrick, "the Severance family are keenly alive to have Dr. David Long appropriately commemorated and we should be able to gratify the desire in some way the most needed."[38]

Dittrick thought it appropriate to "draw up a sketch of our vision of the completed Museum" before submitting a request for a definite amount to the Severance family. Over the next three months, he conferred with Frederick A. Whiting and William Millikin, his successor at the Cleveland Museum of Art. They helped to determine what kind of exhibit cases would be most appropriate for the museum's needs, and secured photographs and blueprints of proposed models. Millikin personally planned the arrangement of the gallery. Dittrick sought the establishment of an endowment fund for the museum and donation of additional monies to keep it open to the public on a regular basis. More specifically, he asked for funds to offset the cost of renovating the "museum room," to acquire display cases and and office furniture, to hire a museum assistant, to create a purchase fund, and to acquire suitable statuary, especially one depicting Dr. David Long. The projected overall cost, as submitted to Severance by Dittrick in June of 1930, was just over $98,000.[39]

Dittrick hoped the generosity that had made possible the construction of the Allen Library would make his dream of a museum a reality. When the family's initial response proved encouraging yet tentative, Dittrick again turned to Corlett for assistance. Through Corlett, Dittrick submitted a more comprehensive proposal, including a document entitled "Statement of Aims and Needs of the Museum of Historical and Cultural Medicine." In this proposal, Dittrick presented a clear "mission statement" of the museum for the first time. It reads, in part, as follows:

> It is our purpose to gather together material relative to the history and progress of medicine which will recreate the status of practice at any given time. In the pursuit of this plan some emphasis will be laid upon objects of artistic merit. There will be displays showing the evolution of instruments, diagnostic aids, and methods of treatment which will be utilized in teaching the history of medicine and its allied professions of pharmacy, nursing and dentistry. We will endeavor to stimulate a live interest in the Medical Library through displays relative to the things to be found in books.
> It is the first task of our Museum to acquire material associated with medicine in the Western Reserve . . . . Next in importance is the assembling of objects which have to do with outstanding physicians in America, or epochal events in the history of medicine in the country . . . . As a

> background to show the chronological position of our local history, we must not neglect to secure objects which have to do with the history of medicine in the Old World.[40]

As Dittrick perceived it, the museum would venerate Dr. Long and, at the same time, convey the eminence of the medical profession. To illustrate this point, Dittrick's proposal was accompanied by a floor plan and a sketch to indicate how the gallery might look when finished. Overall, the projected museum had a staid, formal air, intentionally calculated to "display ... collections {so} that the lay visitor will readily understand the significance and appreciate the age-old dignity and culture of the profession of medicine."[41]

Over the next year, Dittrick and Corlett maintained their hopes for securing a museum endowment from the Severances. The worsening financial calamity of the Great Depression altered circumstances for the worse, however. Mrs. Prentiss quietly distanced herself from the negotiations, leaving it to her brother to speak with Corlett and Dittrick. For his own part, John Severance already was committed to extensive philanthropy elsewhere in Cleveland and abroad.[42] For these reasons, Severance informed Dittrick that he was not in a position to assist him in museum development. With a note of disappointment, Dittrick reported the Severances' response to the CMLA trustees in January of 1932:

> Hopes were entertained of a very considerable donation which would have set up and maintained the Museum and the gallery. Economic conditions have utterly lost to us this donation. However, our collections are constantly increasing and when better times come and our hopes are realized, there will be sufficient material for a more complete Museum.[43]

Despite this setback, the process of seeking funds for the museum had at least one vitally important consequence–it forced Dittrick to articulate the institution's purpose and goals in much more precise terms. Dittrick had embarked upon museum development with little sense of direction. When compelled to chart the course the museum should take, he opted for what now seems like the logical choice: the museum should be one of local medical history, whose characteristic features would emerge in greater relief when presented against the background of medical history at the national and international level. Over the ensuing years, the collections developed in such a way as to document the everyday practice of clinical medicine in a fairly comprehensive fashion. In the process, remarkable and unusual artifacts acquired only incidental importance in the overall context of the museum's collections. In accordance with the museum's 1928 "statement," the articles owned and used by Midwestern American doctors

Dr. and Mrs. Dittrick conducting a school group tour. This image from the early 1950s shows Howard and Gertrude (in print dress) Dittrick with a John Hay High School Latin class and their teacher, Miss Virginia Markham. Dr. Dittrick is showing the class samples of herbal materials used as medication in the ancient world.

(Photo courtesy of Dittrick Museum of Medical History.)

in the period from 1850 to 1930 comprise the bulk of its collections today.

The Museum Matures

From the late 1920s through the early 1950s, Dittrick made steady progress in developing the museum. He and his wife, Gertrude, devoted their free time to cataloguing and classifying artifacts, presenting the museum's collection in temporary exhibits, and explaining or interpreting the museum's historical exhibits to medical and lay audiences.

Overall, Dittrick strove to attain a professional level of museum operation. He did so in part through his involvement in museum organizations, joining the American Association of Museums in 1927 and the American and Canadian Section of the International Association of Medical Museums in 1928.[44] This latter organization, formed in 1907, comprised both pathological and anatomical collections and medical history museums with artifact collections. It eventually became the International Academy of Pathology, a name that reflected its orientation more accurately.[45] Through these associations, Dittrick learned much about museum operations and, perhaps more important, made the personal acquaintance of fellow medical museum directors and curators.

Dittrick found that professional contacts made his travel to see other museums an infinitely more rewarding experience. He and Gertrude took their first trip abroad with the intention of studying museums in general and medical museums in particular. In the April and June of 1928, the

Dittricks travelled across the Continent, through Italy, Hungary, Germany, Switzerland, France, Belgium, Holland and then Britain. Along the way, they visited the major medical history museums and chatted with their caretakers, including Dr. G. A. Wehrli of the Medizingeschichtliche Sammlung der Universität Zürich in Switzerland; L. W. G. Malcolm at the Wellcome Historical Medical Museum in London; and C. J. S. Thompson, formerly of the Wellcome, but then at the Royal College of Surgeons in London. From these men, Dittrick gained invaluable insights into purposes and functioning of medical history museums. Later he was fond of recalling the admonition of Sir Arthur Keith, of the Royal College of Surgeons, "never to treat any donated historic material as junk."[46]

Travel, in addition to being edifying, afforded Dittrick the opportunity to collect medical objects on behalf of his museum. Along the way, Dittrick visited antique dealers handling medical items and arranged for replicas of instruments and medical objects from European museums to be made for the Cleveland institution. The trip to Britain and the Continent in 1928 was so fruitful that the Dittricks made later trips to visit museums and buy antiques in Spain and South America. From his travels, Dittrick gained a new appreciation for the antiquity of medicine's heritage and the desire to acquire artifacts that would impress the importance of this agelessness upon museum visitors.

The experience and knowledge of the curators that Dittrick met during his travels helped him to introduce appropriate museum practices at a comparatively early time in the museum's development. For example, formal recordkeeping began in 1926 as the original artifacts were numbered, described and categorized. At first, Dittrick utilized the same subject classification as the library, a local adaptation of the so-called "Boston Medical Classification" system. He gradually became dissatisfied with that system and sought an alternative. Through the network of medical museums, he discovered a more appropriate system, as he explained to Edna Poole of the Academy of Medicine of Toronto:

> In regard to our system of classification, I began as you did by entering all objects in an accession book and giving them the same classification system as Mr. Harding [the CMLA librarian] uses with the books. This system does not seem practical to me and I hope soon to utilize [the] method which is employed in the Wellcome Museum, a copy of which I am enclosing.[47]

Dittrick had corresponded with Henry S. Wellcome, founder of the Wellcome Historical Medical Museum, since 1927. After his visit to London, Dittrick looked to staff at the Wellcome for guidance in medical museology.[48] When it came to selecting a

classification system, he simply emulated the world's leading medical history museum and recommended that his colleagues do the same.

In the 1930s and 1940s, Dittrick concentrated his efforts more upon collecting for the museum than upon exhibit development. His unstinting efforts were rewarded by the steady influx of donations, which held forth the promise that the museum would grow in scope and importance. Dittrick shared this expectation with the CMLA trustees in 1933:

> In the early days of the Museum, the accessions were acquired with considerable effort. As the scope of the Museum becomes better known many gifts come unsolicited. Dr. Dittrick believes that a valuable collection may be built up during future years with a minimum of solicitation or expense, since depositories for such material are few and scattered.[49]

The growing importance of the museum in the affairs of the CMLA was acknowledged in 1934, when it became a separate department, with Dittrick as its director and with an advisory museum committee appointed by the trustees.[50] National recognition of the historical activities of the CMLA, led by museum staff, came that same year, when the American Association for the History of Medicine held its tenth annual meeting in Cleveland. At that time, Dittrick prepared a special display of museum artifacts for the enjoyment of Association members.[51]

Constraints of space, time and support prevented Dittrick from ever realizing grand exhibition plans for the museum. He did manage to mount many small displays for professional meetings, to mark special occasions, and for small groups visiting the museum. These exhibits usually presented things related to the interests of the anticipated audience or featured new accessions which had excited Dittrick. In other respects, no discernible pattern or logic guided the selection of objects or topics for temporary displays. The long-term or "permanent" exhibits that Dittrick was able to mount, though modest in scope, were much more consistent in character. In general, these exhibits emphasized either the artistic qualities of objects–especially artifacts representing ancient subjects–or, conversely, the narrowly technical aspects of artifacts–illustrating the progress of medicine's instrumental capabilities.

Understanding why Dittrick adopted an aesthetic approach is not too difficult. He had an abiding interest in art history and, at an early stage, had been greatly aided in his endeavors by colleagues at the Cleveland Museum of Art. His preference for a scientific, or evolutionary approach, in exhibits is not so easily explained. Dittrick may have been inspired by the example of the Wellcome Museum, which he saw in 1928. Exhibits there displayed groupings of

similar objects, or numerous examples of one particular type of object, to reveal the sequence of development and, implicitly, furnish evidence of progress.[52]

Other broad similarities with the Wellcome emerge. The museum's exhibits were never united by a cohesive theme. Nor did any chronological sequence direct the organization of museum displays as a whole. Interestingly, while local medical history was centrally featured in the 1928 "statement" about the museum staff's collecting policy, it seldom appeared in displays during Dittrick's lifetime. The quaint and the nostalgic found more frequent expression in his writings on medical history, both in his regular column, the "Museum Corner," in the *Bulletin of the Academy of Medicine* of Cleveland and in journal articles.[53] The one occasion when Dittrick succumbed to nostalgic urgings resulted in a hastily executed and not especially accurate period room, the office of Dr. Abner Webb, in 1943.[54] Despite Dittrick's specific mention that the collection could serve to reconstitute the status of medical practice at any given time in the past, he seldom presented artifacts in a recreated context of a period room setting, which since has become a conventional mode of display in medical history museums. Instead, Dittrick presented the museum's artifacts as objects of aesthetic appreciation or scientific study.

Frustrations and Recognition

America's entry into World War II brought a sequence of events that effectively thwarted Dittrick's efforts to develop museum exhibits. As the country braced itself for the conflict with the Axis powers, plans were initiated to safeguard the nation's cultural heritage from enemy attack. While few took the threat of invasion very seriously, sporadic raids along the coasts were considered possible, even likely. Upon advice issued to museums by the federal government, Dittrick investigated ways to protect the museum collections from air raids. In February of 1942, Dittrick informed the CMLA trustees of precautions taken, reporting that objects "of irreplaceable nature" were packed and stored in less vulnerable areas of the Allen Library.[55] He was helped in this work by Dr. Paul Motto, who had recently been appointed Curator. Ironically, Dittrick soon learned that the United States Army, or at least the Army Medical Library, posed a more serious threat to the museum than did enemy aircraft.

On April 23, 1942, Colonel Harold W. Jones, Librarian of the Army Medical Library (now the National Library of Medicine), submitted "A Proposal for the Operation of a Branch Library of the Army Medical Library, Washington, D.C." to the CMLA. In this proposal, Jones explained that overcrowding in the Army Medical Library, coupled with the wartime "necessity for the preservation of certain cultural resources of the Library," compelled

the search for a second, alternate site for the location of the Vital Statistics and Documents Branch and the rare book collection.[56] The Surgeon-General of the United States Army asked institutions throughout Ohio if they could accommodate this branch library and, of all that responded affirmatively, the Allen Library was selected as the most suitable and desirable site.

The CMLA trustees agreed to this request, with what Dittrick can only have seen as disastrous consequences for the museum: The Army Medical Library branch would occupy the large clerestoried museum gallery. Dittrick's misgivings were justified; this "temporary" expedient would last two decades and he would not live to see the museum reinstalled in its intended site. At first, he may even have feared that the museum would lose the gallery space forever. This concern arose periodically whenever CMLA trustees discussed space utilization in the Allen Library building; a few of these trustees, ignoring the conditions of Allen's bequest, suggested appropriating the gallery for book storage. Even Corlett, Dittrick's ally in museum affairs, had brought up this suggestion when discussing plans for the museum gallery space in 1930. When seeking the Severances' support, Corlett intimated that he did not see the museum as a permanent resident of the gallery. Corlett reminded Dittrick that "there is one thing we must keep in mind, that the library building is built for centuries *non anno sed annis* and when we have as many books as some of the older libraries of the country, we must have space for them."[57] Dittrick's worries were eliminated effectively when Walker and Weeks, architects of the Allen Library, reported that the gallery floor had not been designed or built to support the weight of multi-tiered book stacks and therefore would be unsuitable for library storage purposes.[58]

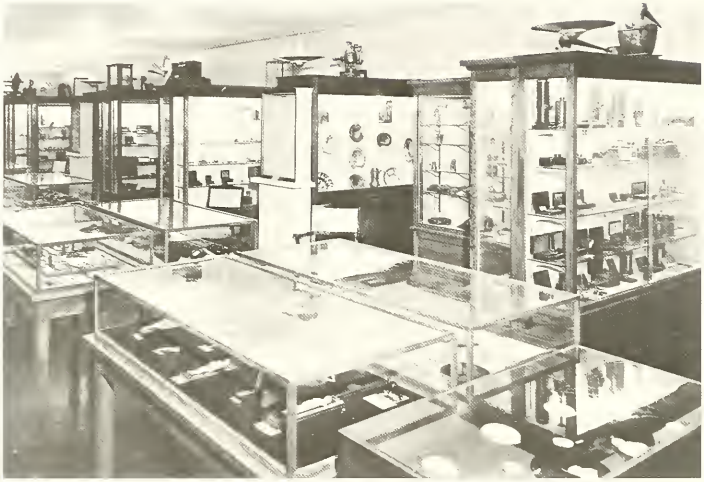
As the Army Medical Library prepared to move its holdings to Cleveland, Dittrick found space throughout the Allen Library for the museum's collections and display cases. By December of 1942, Dittrick could report that "the displays in the Museum Gallery have been moved into the workroom on the south side of the third floor, another workroom on the mezzanine floor, and still other rooms in the basement."[59] Early the next year, the packing and storage of collections not in display cases began. Despite the reduction of space available for museum exhibits, Dittrick was not discouraged and did not curtail his efforts. He continued to acquire display cases, adding nine more in 1943 alone.

At this juncture the CMLA trustees, perhaps to make amends for the reversal of the museum's fortunes, voted to name the museum in honor of Dittrick.[60] It would henceforth be known as the "Howard Dittrick Museum of Historical Medicine." Shortly after this pronouncement, Dittrick himself requested "the privilege of shortening the name to 'The Dittrick Museum of Historical Medicine'," and

the trustees voted in favor of this motion.[61] (The inclusion of the name "Howard" stayed in the museum's title, despite his expressed preference otherwise. Only in recent years, since about 1985, has "Howard" been dropped, and "Medical History" substituted for "Historical Medicine.") When they bestowed this singular honor on Dittrick, the trustees also agreed to renovate and enlarge the museum's temporary quarters. These changes were completed by the fall of 1945 and the exhibits were put on display in a room along the south side of the original gallery space. Despite these diminished circumstances, Dittrick was gratified by the recognition embodied in the renaming of the museum. He reported to the trustees that "the high spot in the Museum year was the dedication in October."[62]

The late 1940s proved to be a much more active period in the museum's history than Dittrick might have had reason to expect. Collecting proceeded apace, with more and more objects being donated and several significant purchases made with help from Cleveland physicians. Management of the collections improved markedly with the creation of a card catalogue for the museum. The catalogue's development was achieved through the hiring of a part-time typist, the first paid employee in the twenty-year history of the museum.[63] Exhibition capabilities were enhanced by the addition of several display cases, as well as by the purchase of a lettering set for making uniform labels. All these improvements were in evidence when the museum played host to the American Association for the History of Medicine in May of 1947.

In the midst of these activities, Dittrick was called upon to address the Medical Library Association at its 1947 meeting in Cleveland. In his presentation, "The Historical Museum and the Medical Library," Dittrick reflected upon the relationship between his museum and its parent, the Allen Library. He acknowledged that not all medical museums were alike, either in origin or purpose. Traditionally, medical museums housed collections of pathological and anatomical specimens and functioned as educational adjuncts to medical schools. Museums affiliated with medical libraries, such as the Mütter Museum of the College of Physicians of Philadelphia or the Army Medical Museum in Bethesda, originated in the mid-nineteenth century. While their staffs continued to collect anatomical and pathological specimens, they placed new emphasis on the collecting of historical artifacts. As Dittrick had come to appreciate, the complementarity of collections was perhaps the greatest boon stemming from the co-existence of library and museum within a single institution. On the one hand, a museum's collections could be understood better and its exhibits improved through extensive research in the library's resources. According to Dittrick, libraries, conversely, stood to benefit from the intellectual stimulation fostered by the museum's presence. For confirmation



Dittrick Museum displays in the 1950s. Dittrick's selection and arrangement of artifacts on display illustrate the influence of the Wellcome Museum. Emulating that institution, Dittrick presented objects to illustrate the evolutionary, progessive character of their development. This can be seen in the exhibit on the right, which displays hematology apparatus. (This particular exhibit was prepared with the assistance of Curator Henry Fertig.) Typologies are also exemplified by Dittrick's grouping of similar objects, as shown in the displays of bleeding basins at center. Tabletop cases in the foreground show Dittrick's emergent fascination with unusual, ancient or exotic subjects; they contain, front to rear, Wedgwood portrait medallions, ivory Chinese medicine dolls, replicas of surgical instruments from Pompeii, and sixteenth-century armor-like orthopedic appliances.

(Photo courtesy of Dittrick Museum of Medical History.)

of this assessment, he invoked the insights of a British colleague:

> Malcolm, a former conservator at the Wellcome Museum, also believes that, through study of the museum, fresh fields of medical research are suggested, and the interest in others, still undeveloped, is stimulated. Our views of progress, especially with regard to medical treatment, are often exaggerated, owing to ignorance of the past. By careful examination of ancient records, we may prove that modern methods are mere repetitions of those in past ages. Malcolm further states that a study of medical history will reveal discoveries of great value which have become buried in the records and forgotten. The study of displayed material may point this out even more forcibly.[64]

Dittrick cited other more tangible virtues of this symbiotic relationship, including encouraging library members to become more involved in collecting on behalf of the library and thus support its activities more liberally. Maintaining a museum would afford the library a means of participating in civic projects through loan or display of historic objects, and thereby engender an important measure of goodwill in the community.

Research in museum collections leading to contributions to scholarly literature generally would augment the library's prestige and standing, too. He admonished that "results of investigation must appear not only in museum cases, but must also be presented before historical societies and submitted for publication in their journals. Recognition far afield often may quicken indifferent support back home."[65] In sum, the medical museum could constitute a medical library's most visable educational and research agency.

In his later years, Dittrick followed his own advice, devoting more and more time to publications based on the museum's collections. His grand plan, though never realized, was to publish a photographic catalogue of the museum. Work began on this project in 1947 and continued for several years, but it was not published. As this project stalled, new areas of interest emerged in Dittrick's collecting and research activities. While he did not abandon the local medical history topics that continued to predominate in his publications, there was a perceptible shift in direction. Dittrick increasingly collected and wrote about exotic medical artifacts from non-Western civilizations and objects, from primitive and advanced civilizations alike, illustrating the interconnection of religious beliefs and medicine.[66]

Dittrick's great collecting coup in these new fields came in 1949 when the museum acquired the Berillon collection of ostensibly pre-Columbian material. Dittrick reported to the CMLA trustees:

> Our most valuable accession was purchased in Paris and consisted of 150 Aztec terra cotta and bronze figures depicting disease, amulets, votives and deities associated with disease. These objects had been assembled in Mexico in 1840 and later were a part of the museum of Dr. Berillon in Paris. The collection is now on display in two wall cases which were presented to the Museum by the Western Reserve Medical School through Dr. Normand Hoerr.[67]

Dittrick was captivated by this intriguing material and envisioned a major publication based upon it. He labored on this project for the next few years and in 1953 presented preliminary versions of his analysis of these pre-Columbian Aztec artifacts at the American Association for the History of Medicine meeting in Columbus and at the "Story of Medicine in Art" lecture series of the Milwaukee Art Museum. The work remained in manuscript form at the time of his death in 1954; efforts by Gertrude Dittrick to publish it posthumously proved futile. Much to Mrs. Dittrick's dismay, art historians and anthropologists who reviewed the work disputed the provenance of the terra cotta figures; in their opinion, many were of twentieth-century manufacture. Moreover,

these experts tended to disagree with Dittrick's interpretation of those figures that were authentically pre-Columbian. As expressed by one critical reviewer, "very often throughout the essay the characteristics of regional style are confused with pathological representations."

In this case, Dittrick had strayed, essentially unprepared, into an unfamiliar scholarly world that showed little enthusiasm for this contribution.[68] Thankfully, Dittrick did not have to confront the academics' rebuke personally; by the time they had rendered their opinion he had been dead for almost two years.

The last two years of Dittrick's life were spent grooming a successor to take up the mantle of museum leadership. The question as to whether the CMLA would continue to maintain and develop the museum after his retirement already had been answered in the affirmative. In early 1952, the CMLA submitted itself to the scrutiny of a survey committee. According to C. L. Cummer, the trustees had the "feeling that the time had come for an appraisal of the adequacy of our stewardship of the great trust which we have been managing for the benefit of scientific medicine, the medical profession, scholars and the public at large."[69] Since the trustees were too close to the situation to render a detached, objective assessment, they engaged library consultants, including: Henry R. Viets, M. D., Librarian of the Boston Medical Library; W. B. McDaniel, II, Ph. D., Librarian of the College of Physicians of Philadelphia; and Lyon N. Richardson, Ph. D., Director of University Libraries at Western Reserve University. In the "Report of the Survey Committee," many aspects of library administration and operation came under criticism and changes were recommended. However, in the consultants' estimation, the museum was praiseworthy and they offered few suggestions for improvement:

> The Cleveland Medical Library is fortunate in having one of the outstanding medical museums in this country, if not in the world, housed in its own building and closely associated with the Library. In its concept and character, arrangement, and provisions for use, the Survey Committee has nothing to offer except unqualified approval. It would suggest that the Museum, now well established, is in a position to offer greater services to the community and to the medical profession at large.... The Museum should remain in the Cleveland Medical Library. Arrangements for its continuation, as it forms a most important asset, would be desirable.[70]

Dittrick must have been enormously pleased with this strong endorsement of his efforts. Confident that the CMLA trustees would follow the survey committee's report and support

the continued development of the museum, Dittrick faced the problem of staffing. With Mrs. Dittrick's eyesight failing, he needed someone else to assist him in the conduct of the museum's affairs. The trustees discussed and rejected the concept of a full-time salaried director and Dittrick was "advised to seek an interested physician who would be willing to devote part time to Museum activity."[71] Through his work at the Cleveland Clinic and membership in the Rowfant Club, a bibliophile club, Dittrick already had met Henry H. Fertig, a young internist who had demonstrated an interest in medical history. In the spring of 1953, Fertig presented a paper, "Josiah Wedgwood, Medallions and Physicians," and assisted Dittrick in the preparation of some exhibits in the museum. This support seemed to strengthen Dittrick's confidence in Fertig and confirm his belief that he had found not only an able and enthusiastic assistant, but also a possible successor. In April, Dittrick proposed that Fertig be named as curator. Dr. Paul Motto, who held the title but had never been able to devote much time to the museum, graciously relinquished the post in favor of Fertig and the CMLA trustees gave their assent to Fertig. By the end of the year, the staff of the museum included a Director (Dittrick), a curator (Fertig) and a museum assistant (Mrs. Robert Shepard).[72] At this time, Dittrick was unwilling to turn all museum business over to Fertig immediately. This decision led to friction between the two. Dittrick wrote to Fertig, clarifying the terms of their relationship as he understood it:

> For purposes of the record, you should make the following announcement. On ------- (Miss Floyd [of the library] can supply the date), the Board of Trustees appointed Dr. Henry Fertig as assistant to the Director, with the title of Curator. This is necessary lest the impression arise that I have retired from the work of the Museum.[73]

Dittrick was showing some understandable reluctance to give up the reins to his museum, even to a personally groomed successor. Moreover, Dittrick and his wife always had worked closely at the museum and he was unaccustomed to working with anyone else. CMLA trustees must have gotten wind of these tensions, because they instructed Dittrick to formulate guidelines for the conduct of each staff member. As Dittrick explained to Fertig, "there seems to be so much confusion about the aims of the Museum and duties of the personnel that the Museum Committee {of CMLA trustees} has asked me to formulate a schedule for the guidance of those connected with the Museum."[74] Dittrick therefore drew up the museum's "regulations"–its first outline of administrative structure and staff responsibilities.[75] What began as an avocational activity had evolved into an organizational entity.

In July of 1954, having put his museum in order for a successor, Howard Dittrick died at the Cleveland Clinic Hospital after a brief illness. He was seventy-seven at the time. Despite his years, his passing caught some off guard. As Mrs. Dittrick recalled, "he never seemed to go through a period of old age. He said once he didn't see how he'd ever found time to make a living, because there were so many other wonderful things to do!"[76] In doing all those "wonderful things," he touched many along the way. Dr. Robert M. Stecher, his friend and fellow collector, captured the memory of Howard Dittrick best when he wrote:

> A simple recitation of his positions, activities, accomplishments, and honors makes no mention of his outstanding qualities which endeared him to countless friends and associates, his friendliness, his helpfulness, his enthusiasm, his idealism, his modesty, his devotion to principles, his love of things old, historical, medical, and quaint, his appreciation of association items and his love of teaching, transmitting his thoughts, arousing enthusiasm, and guiding the interest of his younger associates. Doctors, authors, historians, collectors everywhere have lost a true and valiant friend who is irreplaceable.[77]

He was indeed gone and lamented, but Dittrick left behind his remarkable museum. Though begun by Allen before him, the museum was really Dittrick's creation and, hence, his legacy.

Dr. Dittrick's Legacy

In 1951, distinguished medical historian Henry Sigerist formally recognized Howard Dittrick's achievement in developing the museum. The two men had known each other since at least 1935, when Dittrick was appointed by the Secretary of State to be an official American delegate at the Tenth International Congress of the History of Medicine in Madrid.[78] The next year Dittrick hosted Sigerist in Cleveland and the historian was impressed by what he saw. Sigerist commended Dittrick, observing that "there are very few such collections in this country, and you have done very creditable work in assembling so much interesting material."[79]

When Sigerist began publishing a series of articles in the *Bulletin of the History of Medicine,* entitled "Medical History Collections in the United States and Canada," he solicited a contribution from Dittrick. Dittrick's article, "A Description of Medical History Collections in Cleveland, Ohio," appeared in the *Bulletin* in the autumn of 1940, and gave Dittrick a welcome opportunity to share the museum's holdings with a broader audience. Special presentation copies of the article were distributed to members of the American Association for the

History of Medicine when they met in Cleveland that same year.

In 1951, Sigerist again brought Dittrick's museum to the attention of medical historians, this time in an appendix on "Museums of Medical History" that appeared in his classic, *A History of Medicine*. In this publication, Sigerist argued for the importance of museum collections to the historians of medicine, noting that "the study of the antiquities of medicine is very important, as it involves valuable primary sources," and adding that "the student of medical history should never miss an opportunity to visit museums, because he will never do so without profit."[80] Having said this, Sigerist proceeded to give a listing of major medical museums around the world. The Dittrick Museum appeared in the very first rank of his listing, placed just behind the Wellcome Historical Medical Museum in London, the Medico-Historical Museum of Copenhagen, and the Medizingeschichtliche Sammlung der Universität Zürich in Switzerland. Sigerist presented the Dittrick Museum for emulation, saying that "it sets an example that should be followed by other cities." For Dittrick, it was a most gratifying recognition of his endeavors, the building of a significant collection of medical artifacts that since has been the subject of public enjoyment through displays and the focus of scholarly inquiry into the nature of the medical past.

Dittrick had seen the museum's purpose and ideological mission shift in emphasis substantially over the years. It began, under Allen's hand, as an institution dedicated to the veneration of medicine, calculated to impress upon visitors, especially laymen, the importance and respectability of the profession. At the time, many still considered medicine a gentleman's calling, peopled by men of cultivation and learning.[81] This perception was changing, however, and under Dittrick's guidance the museum's identity also changed. Over time, the museum developed into an educational and research institution based firmly upon the outstanding artifact collection amassed by Dittrick. To this task he brought dedication and enthusiasm and from it he received delight and enjoyment. His example is worth recalling because it serves as a reminder that a museum is at its very core a collection of objects. All its other activities–displays, programs, publications, and so forth–are dependent upon that collection. Dittrick's tireless, devoted efforts to build the museum's collections demonstrate that he recognized this fact clearly. Perhaps better than most of his colleagues, Dittrick realized that building the collection, rescuing and preserving artifacts, was his most important responsibility as curator.

■

Notes

1. For a previous history of the Dittrick Museum, see Helen Cesvet, "Dittrick Museum: The Birth of a Museum," *Bulletin of the Cleveland Medical Library 11* (1964): 51-58.

2. This was the gift of Howard A. Kelly of Johns Hopkins.

3. CMLA accession book ("Donations and loans"), vol. 1, 1898-1904, CMLA Archives. (Unless otherwise noted, all citations are of CMLA archival material.)

4. Medical history was a longstanding interest of Dudley Peter Allen. He published perhaps the earliest account of the local medical profession, recounting the careers of several early Ohio physicians, shortly after establishing his surgical practice in Cleveland. See "Pioneer Medicine on the Western Reserve," *Magazine of Western History 3* (Nov.,1985-April,1886): 50-54 (pt.i-ii); 166-173 (pt.iii-iv); 278-87 (pt.v); 652-57 (pt.vi); *4* (May, 1886-Oct., 1886): 190-200 (pt.vii); 444-52 (pt.viii); 792-97 (pt.ix); and 5 (November, 1886-April, 1887): 71-78 (pt.x).

5. Allen's part in starting the collection of medical artifacts is generally acknowledged though poorly documented. See George W. Crile, "Dudley Peter Allen," *Surgery, Gynecology and Obstetrics* (May, 1925): 718-20.

6. CMLA minutes, 11 December 1899, vol. 1, 233.

7. CMLA minutes, 13 April 1900, vol. 1, 241.

8. CMLA minutes, 11 Sept. 1902, vol.1, 304. See James M. Edmonson, *Nineteenth Century Surgical Instruments: A Catalogue of the Gustav Weber collection at the Howard Dittrick Museum of Historical Medicine* (Cleveland: Historical Division, Cleveland Health Sciences Library, 1986).

9. CMLA minutes, 13 January 1903, vol. 1, 322.

10. D. P. Allen, "Origin and Development of the Cleveland Medical Library Association." Clyde L. Cummer made similar remarks about the "museum," saying that "those who were then members may remember the scattering array of obsolete instruments and saddlebags displayed in an old show-case in a back room on the second floor of the old Prospect Avenue house." See "Development of the Cleveland Medical Library Association," 20-21.

11. CMLA minutes, 8 September 1915, vol. 2, 189.

12. Building Committee, 7 July 1922.

13. Building Committee, 27 July 1923. John Franklin Stephan, D.D.S. (1872-1948), was a recognized photographer, amateur painter and patron of the arts in Cleveland. He was not subsequently associated with the museum.

14. Building Committee, 27 July 1923.

15. Walker and Weeks blueprints, dated 14 June 1923, CMLA Contracts.

16. "Report of the Building Committee," 15 October 1923.

17. CMLA minutes, 10 December 1923, vol. 3, 307-08.

18. Building Committee, 25 July 1924.

19. Dittrick came to Cleveland with the bachelor of medicine (M. B.) degree, conferred on June 13, which was originally the Canadian equivalent of the American M.D. degree. As times changed, so too did the degrees; Dittrick's alma mater, the University of Toronto, ceased conferring the M. B. in favor of the M. D. degree in 1927. Dittrick (and others who elected to

pay a ten dollar fee) were "grandfathered" in, receiving the M. D. degree retroactively on June 9, 1927. See "Degree of Doctor of Medicine (M.D.)," *University of Toronto Medical Bulletin 8* (1928): 2.

20. Dittrick was elected a "reading member" in 1904. CMLA minutes, 9 June 1904, vol. 1, 356.

21. H. Dittrick, "The Challenge of the Future," *Bulletin of the Cleveland Medical Library Association 2* (1944):10.

22. CMLA minutes, 4 January 1926, vol. 4, 109.

23. CMLA minutes, 8 July 1927, vol. 4, 219.

24. H. Dittrick to Lady Osler, 3 September 1927, Dittrick Museum correspondence files (hereafter referred to as DM mss.).

25. H. Dittrick to Harvey Cushing, 3 Sept. 1927, DM mss.

26. H. Dittrick to Richard C. Cabot, 13 July 1927, DM mss.

27. H. Dittrick to Gladys Dick, 26 January 1931, DM mss.

28. H. Dittrick to F. G. Banting, 24 June 1927, DM mss.

29. H. Dittrick to Spencer Lens Co., 18 February 1929, DM mss.

30. C. H. Lenhart to H. Dittrick, 9 February 1928, DM mss.

31. H. Dittrick to Mrs. F. F. Prentiss, 7 January 1928, DM mss.

32. *Ibid.*

33. L. S. Ludlow (secretary to Mrs. F.F.Prentiss) to H. Dittrick, 11 January 1928, DM mss.

34. H. Dittrick to W. T. Corlett, March 1930, DM mss.

35. *Ibid.*

36. William T. Corlett, "The Development of Medicine and the Medical Men of Cleveland during the Nineteenth Century," in W. T. Corlett, *Medical Miscellany, Mainly Historical* (Cleveland, n.d.[ca.1932]), 77-97.

37. J. L. Severance to W. T. Corlett, 13 February 1930, DM mss.

38. W. T. Corlett to H. Dittrick, 22 February 1930, DM mss. Further evidence of the Severance family's interest in Dr. Long is to be found in H. C. Rosenberger, "Pioneer Medicine in the Western Reserve: Dr. David Long, Cleveland's First Physician," *Bulletin of the Academy of Medicine of Cleveland xiv, 4* (April, 1930): 7-8, 23. Dr. Rosenberger specifically thanked Miss Mary H. Severance, great grand-daughter of Dr. Long, for her assistance.

39. H. Dittrick to J. L. Severance, 24 June 1930, DM mss.

40. "Statement of Aims and Needs of the Museum of Historical and Cultural Medicine," 31 October 1930, DM mss.

41. "Statement of Aims and Needs."

42. See "John Long Severance," in David D. Van Tassel and John J. Grabowski, eds., *The Encyclopedia of Cleveland History* (Bloomington, Ind.: Indiana University Press, 1987), 883.

43. CMLA minutes, 11 January 1932, vol. 6, 325.

44. Ralph C. Smith, American Association of Museums, to H. Dittrick, 22 Sept. 1927; and Maude E. Abbot, International Association of Medical Museums, to H. Dittrick, 11 January 1928, DM mss.

45. See Hugh R. Gilmore, Jr., "Dr. Maude Abbot's Scrapbook: Historical Notes of the International Association of Medical Museums," *Laboratory Investigation. A Journal of Experimental Methods and Pathology* (Official Journal of the International Academy of Pathology) *6* (1957): 89-94.

46. H. Dittrick, "The Joy of Gathering Medical Treasures," *Missouri Medicine 51* (1954): 47.

47. H. Dittrick to Edna M. Poole, 9 February 1932.

48. For information on the Wellcome Museum, see Ghislaine M. Skinner, "Sir

Henry Wellcome's Museum for the Science of History," *Medical History 30* (1986): 383-418.

49. CMLA minutes, 20 January 1933, vol. 6, 419.

50. CMLA minutes, 15 January 1934, vol. 6, 515.

51. Program of "The Tenth Annual Meeting of the American Association for the History of Medicine, Hotel Carter, Cleveland, Ohio. Monday, June 11, 1934." CMLA Archives. This was the first of four AAHM meetings (1934, 1940, 1947 and 1959) held in Cleveland.

52. Intriguing analyses of the origins of this approach to collection display at the Pitt-Rivers anthropological museum in Britain at the turn of the century are found in Skinner, "Sir Henry Wellcome's Museum," and Kenneth Hudson, *Museums of Influence: The Pioneers of the Last 200 Years* (Cambridge: Cambridge University Press, 1987), 34.

53. Dittrick's publications on early Ohio medicine include "The Saddlebags of Peter Allen," in H. Dittrick, compiler, *Pioneer Medicine in the Western Reserve* (Cleveland: Academy of Medicine of Cleveland, 1932), 23-28; "From the Doctor's Day Book," *Ohio State Medical Journal 32* (1936): 16; "The Equipment, Instruments and Drugs of Pioneer Physicians of Ohio," *Ohio State Archaeological and Historical Quarterly 48* (1939): 198-210; "A Medical Pioneer of Trumbull County a Century Ago," *Ohio State Medical Journal 37* (1941): 355-59, 459-63; "The Introduction of Anesthesia into Ohio," *Ohio Archaeological and Historical Quarterly 50* (1941): 338-50; "Cleveland Doctors and their Fees (about 1840)," *Ohio State Archeological and Historical Quarterly 54* (1945): 361-70; "A Cleveland Drug Store of 1835," *Ohio State Archaeological and Historical Society Quarterly 55* (1946): 338-45; "Some Important Contributions to Medicine made by Clevelanders," *Ohio Medical Journal 44* (1948): 1128-32; "Medical Agents and Equipment Used in the Northwest Territory," *Ohio State Medical Journal 48* (1952): 2-8; "An Ancestor of Ohio Medicine: Fairfield Medical School (1812-1840)," *Ohio State Archaeological and Historical Quarterly 61* (1952): 365-70.

54. James M. Edmonson, "The Medical Period Room," *Caduceus 3* (1987): 26-43.

55. CMLA minutes, 13 April 1942, vol. 8, 195.

56. Harold W. Jones to C. L. Cummer, 23 April 1942, in CMLA minutes, 11 May 1942, vol. 8, 211-13.

57. W. T. Corlett to H. Dittrick, 22 February 1930, Museum plans, and endowment and arrangement, DM mss.

58. C. W. Stedman, Walker and Weeks, to C. L. Cummer, 28 April 1942. Col. Jones' original proposal called for a three-tiered book stack reaching 22 feet high. Walker and Weeks informed the CMLA that this was not feasible: "The structural floor of the Medical Museum was designed for a live load of 75 lbs. per sq.ft., and the loaded weight of standard multi-tier book stacks is from 100 to 130 lbs. per squ. ft. per tier. It is therefore not practicable to build two or more tiers of book stacks in this room."

59. "Annual Report of the Director of the Museum," in CMLA minutes, 31 December 1942, vol. 8, 263.

60. This was proposed by C. L. Cummer, CMLA minutes, 16 October 1944, vol. 8, 360-61.

61. CMLA minutes, 8 January 1945, 375 and 377.

62. CMLA minutes, 14 January 1946, vol. 9, 15.

63. CMLA minutes, 13 January 1947, vol. 9, 65.

64. H. Dittrick, "The Historical Museum and the Medical Library," *Bulletin of the*

Medical Library Association 35 (1947): 334-35.

65. *Ibid.*, 340.

66. Dittrick's publications reflecting these new fields of interest include "Ex Votos of Medical Interest," *Bulletin of the Medical Library Association 32* (1944): 345-55; "Chinese Medicine Dolls," *Bulletin of the History of Medicine 26* (1952): 422-29; "Indian Objects in a Cleveland Museum," *Journal of the Oklahoma Medical Association 47* (1954): 150, 152.

67. CMLA minutes, 9 January 1959, vol. 9, 207.

68. This sequence of events is recounted in the unpublished paper by Barbara Trask, "Dr. Edgar Berillon and his Pre-Columbian Collection." Accession files 6557-6708, Dittrick Museum.

69. CMLA minutes, 10 September 1951, vol. 9, 289.

70. Cleveland Medical Library, Report of the Survey Committee, CMLA Committee Materials.

71. CMLA minutes, 13 April 1953, vol. 10, 87.

72. Museum staffing remains essentially the same today. The positions are Chief Curator (formerly Director), Curator, and Collections Manager (formerly Museum Assistant.) The overall Historical Division, of which the museum is part, adds two more full time staff (Rare Book Librarian/Archivist and Assistant) to the Historical Division of the CMLA.

73. H. Dittrick to H. Fertig, n.d. (ca. fall, 1953), DM mss.

74. H. Dittrick to H. Fertig, 28 November 1953, DM mss.

75. The regulations were inserted in the CMLA minutes, 25 January 1954, vol. 10, 147-51.

76. Claire MacMurray, "Cast No Shadow," *Cleveland Plain Dealer*, November 2, 1959.

77. Robert M. Stecher, "Howard Dittrick, M.D. (1877-1954)," *Bulletin of the Medical Library Association 42* (1954): 537-38.

78. Assistant Secretary of State to H. Dittrick, 6 September 1935, DM mss.

79. H. E. Sigerist to H. Dittrick, 13 February 1936, DM mss.

80. Henry E. Sigerist, *A History of Medicine* (New York: Oxford University Press, 1951) 1, 525.

81. See S. E. D. Shortt, "Physicians, Science and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century," *Medical History 27* (1983): 51-68; and Christopher Lawrence, "Incommunicable Knowledge, Science, Technology, and the Clinical Art in Britain, 1850-1914," *Journal of Contemporary History 20* (1985): 503-20.

James M. Edmonson is Curator of the Dittrick Museum. His current areas of research interest include the surgical instrument trade in America (of which he is compiling a directory of makers, 1780-1900), the response to antisepsis and asepsis, and the development of medical furniture in the late nineteenth century. In addition, the author and J. T. H. Connor are editing a collection of essays in the field of medical museology. Edmonson also serves as President of the Medical Museums Association.

This photo of Dittrick, handling Webb's medical saddlebags, also shows what Dittrick considered to be an array of common nineteenth century paraphernalia, including a top hat, cane, a round, leather-covered cardboard case that holds a glass pocket spittoon, and a glass medical vial.

(Photo courtesy of Dittrick Museum of Medical History.)

A Medical Pioneer of Trumbull County a Century Ago*

The many papers, records and effects of Dr. Abner Webb, which have come to the Museum of the Cleveland Medical Library, form the material upon which this paper is based. These records constitute so complete a picture of the medical education, the professional life and practice, of a doctor of Trumbull County almost a century ago, that they are of unusual historic value. They contain as well an insight into the student life, fees, courses of instruction and text books used in the Medical Department of Western Reserve College in 1844-46. The teaching staff, the emphasis on diseases current at that time, with the methods taught for their relief–these are all painstakingly recorded. And the postgraduate work at Jefferson Medical College in Philadelphia, with Dr. Webb's pamphlets, lecture cards and theses,–these carry on the record of advanced instruction of the period. A fee book, invoices of drugs and instruments, a book of prescriptions collected from many sources, these illuminate the story of Dr. Webb's professional life. Only rarely is there found an account of a pioneer doctor's life so completely represented by documents.

Dr. Abner Webb, who practiced in Girard, was born in Austintown on May 11, 1821, and died on November 30, 1874. His father was also named Abner Webb, and was born April 3, 1775, in Stafford, Tolland County, Connecticut, and married Rebecca Yale. Rebecca (b. 1780, d. 1850) was daughter of Elihu Yale of Wallingford, New Haven County, Connecticut.

The Webbs were a very large family in Stafford. As someone described the record in the family Bible, "there were two pages full of children who mostly died," in short theirs was a typical family of that time. Abner Webb, senior, and his wife, Rebecca, came to the Western Reserve in 1802, settling first in Poland, later in Austintown. They had spent six months in the journey through the forest, we are told, so they probably came by the route which led through Pennsylvania to Pittsburgh, to the Beaver River, and up the Mahoning River. The district where they first settled was known as

by Howard Dittrick

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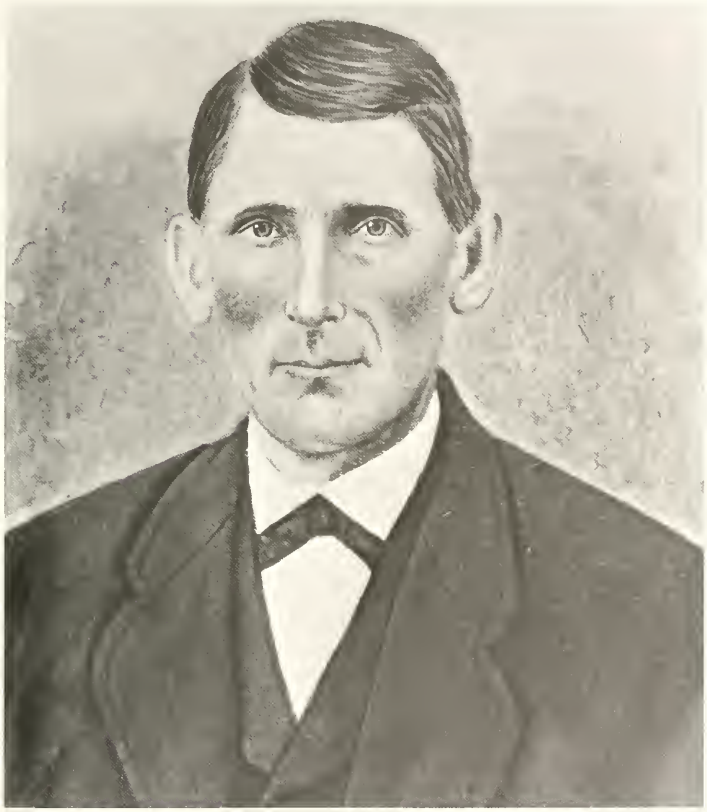
early as 1775, some time before organization of the Connecticut Land Company, when people had travelled from Pennsylvania to Salt Springs, near the present site of Niles and Warren, to evaporate salt. Probably the first arrival in Poland had been Turhand Kirtland, afterwards known as Judge Kirtland, who came from Wallingford in 1798, acting as agent for the Connecticut land Company. After spending several summers surveying in that district while he spent his winters in the East, he came to stay, in company with his brother Jared and both their families. Doubtless he made known to the Webbs, relatives by marriage, the advantages of this particular settlement.

Though members of the Webb family were small in stature, Abner, Jr., born in the Western Reserve Wilderness, grew into a very sturdy young man, six feet tall, broad and strong. With his fine physique went a lovable disposition. Gentle and kindly, he made and kept many friends. The family was not deeply religious, and their connection with the Disciples Church in Austintown was not very close, possibly because of differing beliefs. Nevertheless, young Abner grew up knowing the Bible well since everyone of his community took out their debating proclivities in argument about "pints" of the Bible. Abner gloried in the fray, in which he was no mean contender.

This ability must have served him when he wanted to go to medical college, for family tradition has it that his relatives disapproved of this expenditure of time and money on further education when the farm needed his work. The whole connection was prosperous, and when he did go, any money he needed was always supplied, so that he was spared financial anxiety. His arrangements for economical living at college showed that he was willing to sacrifice some comfort for economy.

In the fall of 1844 he entered the Medical Department of Western Reserve College, which was at the southeast corner of Prospect and Ontario Streets. In the preceding March this medical department had been formed by taking over Cleveland Medical College.

In September, 1844, he had a letter from E. D. Leach of West Greenville, Pa., another prospective student who had corresponded with Professor Jared Potter Kirtland in order to investigate living costs for students. Professor Kirtland had assured him that the college could put at the disposal of a group certain rooms in the college building where they might board themselves at no expense for rent, and at a very moderate expense for food, which they could procure "either cooked or uncooked at a low rate." The enterprising Leach invited Webb to join the group he was forming, adding "we can by this economical plan save enough to purchase several standard medical works. I think self-boarding will be attended with but little inconvenience, and certainly no disgrace. The different members of the club will cook week about [sic], or otherwise as may be



Abner Webb, Jr., M. D. (1821-1874).

determined upon. Boarding cannot be obtained at the boarding houses short of two dollars per week. This is more than I, in my present unavoidable circumstances, can afford to pay. We can fare sumptuously every day at our own house and always be on hand when lectures commence."

As an added comment of encouragement he writes, with an assumption of superior wisdom, "It is very sickly here now–doctors kept busy--

fever and ague, bilious fever, are the principal diseases to combat."

For the session 1844-45, Abner Webb paid for the following courses:

Materia Medica, Pharmacy and Botany
[with] Dr. John L. Cassels
Chemistry and Medical Jurisprudence
[with] Dr. Samuel St. John
Practical Anatomy
[with] Dr. Horace A. Ackley
General Pathology and Physical Diagnosis
[with] Dr. N. Worcester
Theory and Practice of Medicine
[with] Dr. Jared P. Kirtland

Lecture cards for the second session, 1845-46, show some rearrangement of teaching, in that General and Special Anatomy and Physiology were taught by Dr. Jacob J. Delamater, Pathology and Obstetrics by Dr. John Delamater, and Surgery by Dr. Horace A. Ackley. Other lectures by Dr. Cassels and Dr. St. John were continued in the same courses as in the first session. Matriculation and general admission cards were issued for each session.

Cost of Medical Education

What was the cost of a medical education at Western Reserve College a hundred years ago? With board at $2.00 a week, which included food, lodging, fuel and light, the sixteen weeks came to $32.00. Admission to all lectures was $50.00, making $82.00 a year, or $164.00 for the two year course. To this was added $3.00 for matriculation and $20.00 for graduation fee, making a total of $187.00. But books enter into account, and Dr. Webb's papers include the following invoice of textbooks sent to him from Lea and Blanchard in Philadelphia, by rail to Pittsburgh and canal boat to Youngstown. The total cost of these was $30.00.

Carpenter's Physiology	$3.25
Wilson's Anatomy	3.25
Watson's Practice	3.00
Williams' Pathology	1.75
Dewees' Midwifery	3.50
Dunglison's Dictionary	4.00
Graham's Chemistry	2.50
Mowry's Dental Surgery	2.75
	$24.00
(less 15%)	3.60
	$20.40

Liston's Elements of Surgery	3.00
Wood & Bache's Dispensing	4.50
Miss Lincoln's Botany	1.00
Lee's Observations	1.35
	Net $9.85
	$30.25
	.25
	(Discount)
	$30.00
	(Amount Due)

Thus, with allowance for books, laundry and other incidental expenses, the young doctor would have spent about $225.00 in acquiring his degree. We have the lecture cards for both sessions, 1844-45 and 1845-46, properly endorsed on the back by the

professors, as well as the matriculation card signed by Dr. Horace A. Ackley as dean and a receipt for the graduation fee of $20.00 signed by Dr. Samuel St. John as treasurer.

According to the prospectus, "when desired, a promissory note payable in twelve months for $56.00 and signed jointly with some responsible person, the responsibility to be certified by a justice of the peace and judge resident in the county, will be received in place of money at the time."

But Abner Webb's dues for both sessions were paid promptly in cash. The method of the second year's payment is made clear by an agreement found in his papers. The text of this reveals, in neat precise script, the excellent education of his father in practical business, legal procedure, and even in the training of his son in adult responsibility. This paper was an agreement to secure a promissory note on the part of Abner, Jr., for the sum of $154.00 provided on November 3, 1845, presumably for expenses of his second year in college. The note was to be due in five months, and according to this agreement, at the option of Abner, Jr., partial payment could be made by deeding to his father a certain ten acres of a fifty acre tract of land at a price current in the neighborhood at the time of transfer, this sum to be applied to payment on the note. The signature was cut out later, indicating cancellation.

During January of his first session he was seriously ill in his cooperative student lodging, and it appeared that he might be unable to continue his studies for the year. Two letters from fellow-students in the housekeeping venture apprised his family of this acute illness with "inflammation of the stomach and perhaps the small intestines," and asked that some member of the family come promptly to assume responsibility. Evidently there was alarm lest it might be the onset of one of the protracted fevers. Data of his recovery is lacking, but it would appear from his lecture notes that he lost little time from his studies. His friend, Leach, the writer of one of the above letters, subsequently enjoyed a thriving practice in Niles.

A Word about the Professors

A word about the professors. Horace Ackley was of course the dynamic force on the faculty. Although his medical education had been rather sketchy, he became Cleveland's first surgeon and attained a wide reputation. He was of the rough and ready type, fond of hunting, resourceful, paying little attention to his dress. Many tales of him survive to indicate a most picturesque character. Dr. John Delamater was in demand as a teacher. He taught in many schools, including Dartmouth, where he was associated with Dr. Oliver Wendell Holmes. He was doubtless the patriarch of the faculty. Dr. Jared Potter Kirtland was also renowned in geology and horticulture. He graduated from Philadelphia Medical College and settled in Poland in 1823. He served two terms in the state

legislature and had been state geologist. Dr. Noah Worcester wrote the first textbook on diseases of the skin published in the United States. Drs. Cassels, St. John and the younger Delamater were all good teachers but less outstanding than the others.

It would appear from Abner Webb's book of notes taken under these different professors that attendance in classes of the two years was not sharply defined as to sequence. Some lecture cards issued for advanced classes were attended by Webb during his first session.

Study of Epidemics

From Webb's notes we learn much about the teaching of that era. In medicine stress was placed on the study of epidemics, which, like the poor, they had always with them. Having no knowledge of bacteriology, they sought the cause of outbreaks of these scourges in climate, seasonal changes, winds, rainfall, severity of winters, first appearance of frosts, and careful notes were made of such matters throughout the country. Dr. Daniel Drake of Cincinnati has written a classic account of such findings in the Middle West. Since they blamed miasmatic and climatic conditions for epidemics, they had no effective method of combating them. We have noted, however, Dr. Webb's use of quinine (discovered 1820) and vaccination later when practicing in Girard.

The stethoscope was in common use and the cardinal principles in physical diagnosis were understood and taught. Dr. Kirtland in his lecture on November 14, 1844, told the students that by auscultation or hearing of sounds made by percussion, disease might be detected. He describes the stethoscope as "an instrument of some eight inches in length with a hole through it, concaved at one end and applied to the body, the sound is collected and transmitted to the ear and these sounds differ in respect to the different parts it is applied to." The students were instructed to listen with the stethoscope for the placental bruit after the fourth month of gestation.

Professor Kirtland taught that potassium iodide was a specific for syphilis. Professor Worcester agreed that of all remedies most in use, "hydriodate of potash" was the best. Professor Cassels suggested the use of mercury, administered as prepared chalk, in the treatment of syphilis and scrofula. Professor St. John recommended the use of iodine in glandular affections such as goiter. "Burnt, it is used in this affection," the notes read, and how near the professor would have been to the discovery of thyrotoxin if Abner Webb's notes were entirely accurate, for he goes on to say "on account of its containing the principle to a considerable extent."

The older practitioner will remember the time spent by his teachers in impressing upon the students the many variations in pulse in disease. Professor Kirtland, we read in Webb's notes, described twelve varieties. The first six are regular, frequent, quick,

full, strong and hard, and the six opposites are irregular, infrequent, slow, shallow, weak and soft. Have we, in these latter days, lost something of the art of diagnosis through neglect of finer impressions obtained through our trained senses? Since the Dublin School introduced counting the pulse by the watch, instruments of precision have contributed to inertia of our gray matter. Today all we know about the pulse is what we read in the sphygmomanometer.

Professor Kirtland spent most of his time discussing fevers. At that time many patients were ill of what we recognize as malaria and typhoid fever, often occurring in epidemics. Since the organisms were not known, the medical teachers classified fevers according to symptoms. Thus in Abner Webb's notebook the following terms were applied to fevers: hectic, phlogistic, bilious, intermittent, remittent and continued. The terms typhus and typhoid were often used interchangeably. Yellow fever also occurred in distant shipping centers, Montreal, Philadelphia and New Orleans, and there was always danger of such diseases being transported via the Great Lakes and the Mississippi and Ohio Rivers. Smallpox and even cholera were other deadly scourges which were often sources of grave anxiety.

Notes on Treatment

But notes on the treatment of fevers are more arresting than their varieties. Treatment was truly heroic, both as carried out by the physician and as endured by the patient. It would seem that the chief axiom of treatment of the patient was–if he does not bleed to death, bleed and bleed again. Listen to Webb's notes on Professor Kirtland's lecture, slightly paraphrased for clarity: "Bilious and remittent fevers should be treated by equalization of circulation. This is fulfilled by bleeding, that is, when the patient is plethoric and there is a determination to the head or some other organ. When there is an increased quantity of blood to the head there is coma and delirium, while the extremities are cold. This can be stopped by putting on ice, or cold water applied by pouring, after covering the shoulders with india rubber, or by applying bags of ice. Warm fomentations, such as warm bathing or mustard poultices may be applied to the extremities. These may be used alternately over one ankle and then the other, every day."

"The second part of the treatment is fulfilled by evacuations, the best medicine being calomel in the dose of 10 to 15 grains as a dose two or three times a day. This should be worked off by some laxative medicine such as castor oil, salts, rhubarb or magnesia in the morning."

"The third part of the treatment, diminution of the morbid factor, may be fulfilled at the same time by giving opium, laudanum or Dover's powder, allowing the calomel to stay in the system as long as possible, so as to affect the gums or form a fur by the side of the teeth, and to cause salivation. If

the skin continues dry with considerable thirst, give some cold water and sponge the skin. Also give diaphoretics so as to induce moisture of the surface. This can best be done by giving calomel in minute doses, two grains to ten grains of ipecac. As to diet, such only should be used as to agree with the patient's stomach. Meat should not be used, but rather any farinaceous diet as arrowroot or rice water, and also beef tea, coffee, etc." The results of all this medication on the patient's gastrointestinal tract can be imagined from Professor Kirtland's suggestion that two beds be used alternately for such patients. To us it would seem that with the diet of rice water an arrowroot, the patient's chance of recovery would have been better if all other treatments had been discarded save two, "give some cold water and sponge the skin."

Methods of Physical Diagnosis

Even today Professor Worcester would be considered a good teacher of physical diagnosis, since the lecture notes quote him as emphasizing the prolongation of the expiratory note in tuberculosis. Abner Webb was instructed in percussion, auscultation, recognition of dry and moist rales, bronchophony and pectoriloquy. He was taught to use the pleximeter and the stethoscope. No mention is made of the thermometer. The professor warns that mediate auscultation is not always feasible, sometimes as a matter of delicacy and again as a matter of personal hygiene in examining an objectionable patient. He was an early advocate of the use of a belt instead of suspenders. "Straps worn by gentlemen," we read, "produce it (phthisis) by first pressing on the upper part of the thorax where the tubercles form in the upper part of the lung and keep it from dilating." You will also note that he was familiar with the most common site of the lesion. Professor Worcester concluded there was "more cutaneous disease at present than in ancient times; the reason may be that the ancients took better care of the skin by bathing often." He was a rare soul who understood the art of medical practice. He advised: "When called to treat a patient with laryngitis, if hysterical, let them alone, look wise, and say nothing."

Bloodletting and Leeches

Notes from Professor Cassels' lectures refer mostly to drugs and plants. In one lecture he discusses bloodletting, stating that its first effect is to stimulate the system, but as it progresses there is a sedative action. This may be produced in a given area by local scarification and cupping. For the general effect, a vein in the arm or neck is tapped by a lancet. This is done "when the system is under a high grade of action as in some fevers of phlogistic type, apoplexy, epilepsy, etc. Leeches are sometimes employed for local bleeding, congestions and chronic complaints. They drop off from the effect of tobacco fumes, sulphur or vinegar."

Professor Jacob Delamater's lectures show that he possessed a basic knowledge of anatomy and physiology, but the notes contain no unusual angles. Professor John Delamater, who at this time was 57 years old, delivered lectures and conducted quizzes. The attitude of such a capable teacher to "tubercle" is of interest. Abner Webb quotes him as follows: "Tubercle in scrofula occurs through a predisposition and constitutional habits resulting from the association of old with young people. Intemperate habits, such as exposure to cold, want of exercise, exercising in confined situations, and clotting of food are other causes. It is not contagious, though some have considered it so. The female is more susceptible than the male, the proportion being 13 to 7."

Professor Horace Ackley was at this time only 29 years of age. He gave didactic lectures on anatomy and general surgery, held quiz classes and conducted operation clinics. In one of these clinics he removed a malignant tumor of the jaw. "This was performed," we read, "while the man was in a magnetic sleep, so supposed." Ten days later a letter from this patient was read before the class, stating that "in respect of his being magnetized, that it was true of his operation." That incident certainly did not harm the prestige of the professor of surgery. However, it was not until the session of 1845-46 that Webb began to learn surgery as taught by Ackley. In another book of notes there is a list of operations performed by Professor Ackley. The wide variety of cases, which included many operations on the eye, mark the ability and courage of Ackley's work. One morning, there is a list of eight patients operated upon, five of them having eye operations.

The notebook for the second session contains notes on dermatology from a lecture given by Professor John Delamater. He divides diseases of the skin into eight divisions with additional subdivisions. There is the division between wet and dry varieties, as illustrated by vesicular and squamous types respectively. Each division is further divided as, for example, the squamous types–lepra, psoriasis, pityriasis and ichthyosis. "Examine the eruption with great care," Professor Delamater taught, "and in the great majority of cases some elementary form of the eruption, as papillae, vesicles or pustules may be found in the neighborhood of the part principally affected or in some recent eruptions. Almost all cutaneous diseases are successive in their appearance which is often of great assistance in diagnosis."

This would seem to be a common sense approach to the study of diseases of the skin. Professor Delamater reviewed all the different manifestations of skin disease recognized at that time. In my own early days the field was thoroughly covered and then reduced to a single classification. Mr. Irving H. Cameron, Professor of Surgery in Toronto, said that there were but three classes of skin disease, one that mercury would cure,

one that sulphur would cure and one that the devil himself could not cure. Simpler still was the conclusion of Dr. Carl A Hamann of Cleveland ("The King"), that there were but two, one that zinc oxide would cure and one that it wouldn't.

Compounding of Prescriptions

Professor Cassels taught the compounding of prescriptions. Like all of the faculty he gave the students very practical advice in the treatment of definite diseased conditions. Plasters for headache and for neuralgia, physic for bilious colic, remedy for tapeworm, prescriptions for cough syrup; these are some of the practical suggestions given to students who, as frontier physicians would have not only to compound medicines prescribed, but also to obtain by the irregular transportation along wilderness routes the ingredients for the remedy.

Evidently they had also to be prepared to advise treatment for animals. All old prescription books note a variety of such remedies. Webb's class notes reflect this in the item, "to prevent kidney worm in hogs, feed them corn boiled with ashes."

Varieties of Valvular Disease Taught

Webb was taught the different varieties of valvular disease that are recognized today. His teachers may not have classified the weakening heart under the name of "myocardial failure," but their practiced fingers detected the same process in the small, soft, irregular pulse about as well as we do today with the more elaborate electrocardiogram. To summarize, instruction in the second session was more practical and less didactic.

Dentistry was taught from a textbook, so must have had more emphasis than was reflected by its brief mention in Webb's class notes. There one lecture only is recorded in two paragraphs entitled "Mode of Applying the Turnkey in Extracting Teeth." It reads, "The fulcrum ought to be placed on the inner side of the bicuspids of the lower jaw and molars of the upper, and on the outside for the molars of the lower jaw. The Dentes Sapientiae of the upper jaw should never, according to Bell, be extracted with the key because of the delicate texture of the bone on which the fulcrum must rest."

After the two sessions were completed there was the ordeal of examinations. There is no record among Webb's manuscripts that would indicate oral examinations. I wonder if he did have to take an oral examination under Horace Ackley. If so he would have had my sympathy. I remember my own experience under an old martinet of a professor who put us through our paces in anatomy. He would tramp to and fro beside a table covered with a confused litter of bones, doing a staccato drum solo on the table with a radius or femur, depending upon his mood. Suddenly he would bark at the terrified student, "Pick out the bones of the right wrist!" Pictures of Ackley suggest that he might have instilled plenty of the

same sort of discomfiture into the epigastrium of a candidate.

Dr. Webb's Examination Papers

Of Webb's examination papers we have enough to throw further light upon medical teaching. The type of question is illustrated in an anatomy paper from which I quote, "Sub-occipital nerve arises nearly opposite to what; each consists of what, that passes under what, and from what, etc." Anatomy, physiology, materia medica, and history of medicine are the subjects represented in these papers, which probably covered the first session's lectures. Either the papers of his final examinations have been lost, or these tests were given orally. Two points about these papers are worth mentioning, namely the clear, legible, shaded script and the comprehensive manner in which both questions and answers cover the field taught.

A slip of paper, dated February 10, 1846, records payment of the graduation fee of twenty dollars. His diploma, awarded by the Medical Department of Western Reserve College at Hudson and dated 1846, marks Abner Webb as a member of the third class to graduate in medicine from an institution now known as Western Reserve University.

Like many other students in the past one hundred years, he was still undecided where to settle. He was doubtless touched by "wanderlust", or by the old pioneer spirit, and decided to go farther west. But like a man of good judgment, he was taking along letters of recommendation from personages of standing who knew him and his family in his own locality. Armed with these valuable letters he started for the South West and this Missouri receipt is evidence of his whereabouts:

June 8, 1846

"Received of Dr. A. Webb three dollars and 25/100 for one seat in the stage from Milton to Hannibal."

(Signed) A. Annett

After a month of looking for prospective locations, he made a start at Camden, Missouri. And Dr. Webb began to keep an account book which carries on the story of those early days in practice. Between the lines one may read of the hardships encountered by the average early physician whose pioneer patients probably rarely had any actual money. We believe Dr. Webb was supplied with ready money to bridge this time. We are impressed by his sound preparation for practice and by the limited opportunity he had to exercise the best of his skill. The first entry in the account book is dated July 11, 1846, the day he entered practice in Camden. Patients were mostly children, and his charges, including medicine, were from 25¢ to $2.25. On one occasion while making a visit he treated two daughters in the same household, charging $2.00, but there is no record of payment. He remained there only

a fortnight, during which time he accumulated book accounts for $17.00 and collected fifty cents. So far as our records go, Dr. Webb left no more intimate picture of his Missouri experience or the conditions of practice there than is shown in these few entries in his account book.

After an interval of six months, during which he may have found more lucrative work, we find him practicing in Austintown, near Youngstown. His first patient, Edward Jones, paid $2.12 1/2 for four visits and the necessary medicines. The following month being February and a short month, he entered charges of only 81 1/2¢, but fortunately his collections were 100 per cent. One Jacob Crum must have had a protracted illness, for he ran up charges of $3.62 1/2, including 25¢ for bitters, but his only credit item reads "Shoeing mare, front shoes, 50¢." Among the charges we note, "venesection and medicine, 25¢," "extracting tooth from daughter, 12 1/2¢," "opening abscess, 12 1/2¢."

In three and a half months of practice in Austintown, Dr. Webb had put on his books $9.06 1/2, and of this he had collected $3.88, which included the contra account for shoeing the mare.

A Fortunate Move

On May 7, 1847, Dr. Webb moved to Girard, and what a fortunate move it proved to be! We surmise that his experience in Austintown had proved so discouraging that his disappointment had crept into his letters to Dr. Kirtland, for the latter wrote Webb in July of that year as follows: "The great secret of success in the medical profession consists in industry, perseverance and devotion to the business. Think and talk of nothing else. Read every medical book you can obtain and keep up with the rapid improvements that are constantly being made in its different branches. Be not discouraged for the first year or two, you will ultimately succeed."

Shortly afterward Dr. Kirtland wrote again, "Some cases of emigrant fever have occurred here; they differ in no respect from the low typhus that occurred in Trumbull County in 1828-31. Combining with the malarious action in the vicinity of the lake, it is producing some severe cases of disease."

During Dr. Webb's first month in Girard his accounts showed eighty-four entries, for a total of $25.15 3/4, with collections of $4.27 1/2 cash and $7.02 in goods. Charges for his visits ranged from 50¢, doubtless at his home, to $1.00 for outside calls, and included medicines required. Among these medicines we note morphine, quinine, cream of tartar, anise, asafetida, cinnamon, wintergreen, peppermint, corrosive sublimate, catechu, pills for physic, intermittent pills, strengthening plaster, and blister plaster. In making charges for ointment and pills, the size of the box determined the price, regular size 25¢, small size 10¢. One item shows a charge of 12 1/2¢ for sulphur and cream of tartar, with no suggestion that molasses be added. He supplied

also paregoric, laudanum, flowers of sulphur, sweet spirits of niter, ipecac, borax colchicum, red oxide, blue ointment, senna, magnesia, olive oil, castor oil, peruvian bark, and cough remedy.

In January, 1848, he began to vaccinate patients, charging 50¢, and in March of that year he vaccinated 35 patients. Quinine was dispensed at 12 1/2¢ per dose. Many charges were made during August and September when malaria and other fevers were prevalent.

Current Fees

Other charges illustrating current fees for services include, "vomit for wife, 25¢," "worm medicine for child, 25¢," "a vial of laudanum, 12 1/2¢," "venesection, 10¢" (though the usual fee was 18 3/4¢), "dressing wound, 12 1/2¢," "dressing wound and examination, 25¢," "examination on eyes, 25¢." Teeth were extracted for 18 3/4¢ each, but at night this was increased to 25¢. He too was exposed to the importunities of patients; on two occasions he noted, "to money lent, 75¢" (Which was more than he had collected for his two weeks of practice in Camden, Missouri). More fortunate than most of us and than himself in later years, both items were paid.

Drugs were purchased in May, 1847, from Edward E. Hoyt & Co. of Warren, Bates & Co. of Cincinnati, and R. G. Garlick of Youngstown. The Hoyt consignment for $6.98 is receipted in full. Two items of passing interest are sulfuric ether and adhesive plaster. The Bates bill included, besides drugs, catheters, sponges, a dissecting case, pocket case, tooth drawer, forceps, spring forceps, spring lancet, thumb lancet, and an iron mortar. From Mr. Garlick he purchased drugs and other items including court plaster, a book of gold leaf, glass syringes. Quinine cost $3.25 an ounce and oil of wintergreen 34¢ an ounce. This R. G. Garlick was incidentally a maker of daguerrotypes, which leads us to believe he was a brother of Dr. Theodatus Garlick, who graduated in medicine from the University of Maryland and came to Cleveland in 1850.

On one account Dr. Webb accepted some foxglove at credit of 20¢. As an indication of his interest in solution of community problems, we find he purchased a newly published book on "Civil Government" for 50¢.

Expenses and Collections

In those early days medical practice included many business transactions. Dr. Webb's accounts were often settled by written orders on other business people. In harvest time, when practice was slack, he hired out his horse to cut grain for 50¢ a day. As a matter of fact, during the summer of 1847, this tall husky young doctor earned in the harvest fields $10.49 1/2, his wages being 75¢ a day.

Expenses for his horse included, "by making one horse shoe and

finding iron [sic]," also "for setting two shoes purchased." The amount of the charge is not stated. For oats he paid from 18 3/4¢ to 20¢ a bushel and for corn on the ear, the same price.

Coal cost him 6 1/4¢ a bushel. Abraham Erwin was credited at one time with $3.50 for "finding leather and making a pair of boots;" for a pair of coarser boots he was credited $3.00.

To one account rendered in September, 1847, amounting to $7.85, a notation was added "to interest added May 1, 1860, $5.92, making a total of $13.77. Evidently he had no other satisfaction than that afforded by figuring out the full extent of this loss from an unpaid bill. One patient whose account was delinquent for 1 1/2 years, was credited $1.50 for making two fine shirts and 50¢ for making two more flannel, but the unpaid balance was $5.22 1/2.

In 1849 Dr. Webb, together with Dr. Russell of Niles, took up practice in Bowling Green, just south of Toledo. Cholera was raging along the lakes at this time and it was significant that an entry in his notebook on the page dated Bowling Green, May 2, 1849, is a receipt "said to cure the cholera by Dr. Cartwright of New Orleans," where, by the way, cholera was a frightful scourge at the time.

Postgraduate Study

That fall Dr. Webb was back in Austintown, having apparently gone to Bowling Green only to help with the cholera epidemic. Of the next twelve years we have no record; presumably he remained in practice in either Austintown or Girard or both. But in 1861, having procured letters of introduction from the leading doctors of Youngstown, Drs. Woodbridge, Shannon, Manning and Cooke, to the faculty of Jefferson Medical College, he set out for Philadelphia. He registered for a matriculation ticket at the Philadelphia Hospital for both Jefferson and the University of Pennsylvania. In addition he took courses in surgery under Dr. Samuel D. Gross and in the Institute of Medicine under Dr. Robley Dunglison, both Jefferson professors. Perhaps he had been attracted to Jefferson by these two outstanding medical teachers. It is evident that he considered a refresher course in the College Avenue Anatomical School, but his entrance there is uncertain.

At the end of this postgraduate study he wrote the required thesis, choosing as his subject "Scarlatina." This consists of 22 pages of foolscap size. Four pages are devoted to description of signs and symptoms, and could be read today with profit. Another essay was written on "Scarlet Fever," but its purpose is not indicated. From this essay we quote: "In cases attended by very frequent pulse, advantage is sometimes derived from the use of digitalis given in small doses every four hours." Although his thesis on scarlatina was credited, he had not passed a sufficient number of courses to win a degree from Jefferson. A requirement which stood in his way read, "He

must have attended two full courses of lectures in some respectable medical school, one of which shall have been in this college."

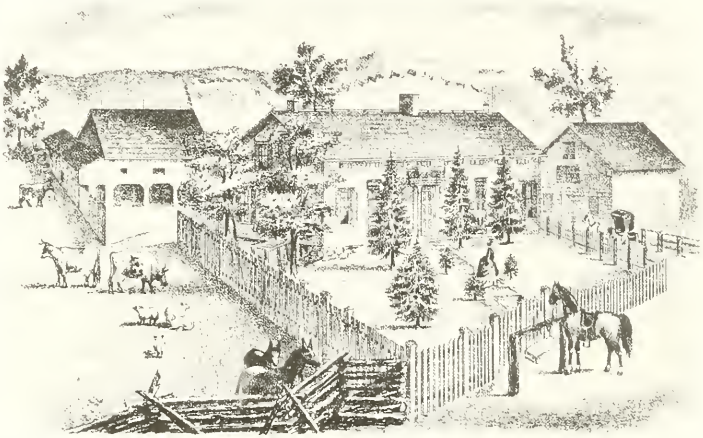
Dr. Webb then returned, in 1862, at 41 years of age, to practice in Girard. He had spared neither time nor expense to fit himself for the years to come in medicine. The affluence of his family had doubtless permitted him to do this without financial anxiety.

And then, on October 7, 1869, at the age of 48, Dr. Webb married. According to the marriage license, which I had the opportunity to examine, this was issued in Mahoning County. His wife's name, Garghill, was a varient of Ghagen, and had been adopted by the community when the family came there from sheer inability of the settlers to understand the correct name as pronounced with the family's Irish accent. Margaret had grown up from childhood as Margaret Garghill, and county histories perpetuate this spelling.

Though Dr. Webb had five other brothers and sisters, there threatened to be no issue among them, one couple being childless and others marrying late in life, as did Dr. Webb. His father became agitated lest the family's means should revert to New England relatives, which would have proved most distasteful to him. He used to thump on the table with his fist and declare that a hundred dollars in gold would be flung into the lap of the first daughter or daughter-in-law to bring forth a child. I do not have a family record of the others, but Dr. Abner Webb did have a son and a daughter, and it is through the courtesy of his son, Mr. Abner Grant Webb, that we have this historic material.

On April 2, 1874, there was correspondence about an acute illness suffered by Dr. Webb. He was attended by Drs. T. and J.E. Woodbridge, his lifelong friends, and was operated upon by Dr. Sawyer for some malady not recorded. This condition may have finally caused his death on November 30, 1874. His last years had been spent in ill health in Girard.

In reviewing these manuscripts we are impressed with the amount and quality of medical instruction provided by Western Reserve College a hundred years ago. In many branches the essentials taught at that time still hold true. Bacteriology, clinical microscopy and laboratory findings have contributed greatly to the understanding and treatment of disease. In many instances it has been necessary to change entirely the then accepted treatment of disease. However, in the last analysis, today as well as yesterday, diagnosis and treatment must be based upon history of the illness, critical observation and physical examination of the patient, carefully interpreted by the knowledge and judgment which has accumulated through previous training and years of experience.



Daniel Moherman's farm was adjacent at one corner to the Webb farm. This picture from an 1874 Mahoning County atlas typifies an Ohio farm in the nineteenth century.

(Photo courtesy of Dittrick Museum of Medical History.)

Revisiting Abner Webb, Jr., M.D.: Use of Alternative Sources for Writing the History of Medicine

In 1940, when Howard Dittrick wrote "A Medical Pioneer at Trumball County a Century Ago," he was writing in the classic tradition of medical historians for whom the field constituted the development of medical science as represented by the accomplishments of great doctors. This tradition assumed as well that medical history could be written only by physicians whose medical training enabled them exclusively to understand the complexities of medical practice. It was not until the 1950s that a new social history of medicine began to emerge, one in which the development of medicine was interpreted as a part of a broader sociological context. Thus, Dittrick's "baggage" (as historians are wont to describe the set of external factors that influence a writer's conclusions) included such an iatrocentric perspective, heightened by the twentieth-century mythic stature afforded physicians through advances in laboratory science.

With certain exceptions, Dittrick approached the Webb papers as a finite set of documents. Because he assumed from the start that Webb practiced medicine over the years, he did not investigate alternate sources of information such as census, tax, real estate and probate records that might have led to different conclusions. Additionally, knowledge of the very nature of mid-nineteenth century American medicine, which Dittrick certainly possessed, should have prompted thoughtful analysis of the archival material. The medical community of 1850 was at its nadir in the eyes of the general population. The proliferation of substandard medical schools, competition from sectarian medicine, and the nature of heroic therapies combined to denigrate the status of the profession. An excessive number of physicians made it difficult for doctors to earn an adequate living through the practice of medicine. When viewed in this context, many of the Webb documents take on different shades of significance. Thus, the issue becomes not Abner Webb and his medical practice, but the personal outlook of the investigator and a willingness to reach beyond traditional perspectives.

Born in Austintown, Ohio, on May 11, 1821, Abner Webb was one of the first generation to be born in the

by Molly W. Berger

Connecticut Western Reserve, a 5,000 square-mile tract of land that extended 120 miles west of the Ohio-Pennsylvania border and 41 miles south of Lake Erie. Early settlement began in 1798, and the Webb family joined the increasing numbers of pioneers who journeyed westward from their homes in Connecticut, lured by the vision of large fertile farms upon which they would build their futures. In 1803 Abner Webb, Sr., and his wife, Rebecca Yale Webb, first arrived in Boardman, Ohio, an area to which other families had emigrated from Wallingford, Connecticut. These settlers included Turhand Kirtland, the general agent of the Connecticut Land Company. Turhand Kirtland, or Judge Kirtland as he was later known, was the father of Jared Potter Kirtland, a prominent Cleveland physician who would become a friend and teacher to young Abner Webb.[1]

Despite the prestige associated with being elected fence viewer at the first Boardman Township meeting on April 7, 1806, Abner Webb moved his growing family in 1819 to Austintown Township, where he acquired a farm of 455 acres.[2] Settling in the northern part of the township, the Webb farm was in a level area of easily tilled, fertile soil fed by creeks and streams.[3] Crops in this area included wheat, rye, buckwheat, oats, barley, corn and potatoes.[4]

Abner, Jr., was the youngest of six children, his sister Louisa being the only girl in the family. One son, Erie, died at a young age. Perhaps influenced by family friends who were physicians and freed somewhat from the responsibility of farming by the presence of three older brothers, young Abner decided to study medicine. Because he was a meticulous recordkeeper and packrat extraordinaire, there exists an archive of documents related to his life as a medical student and practitioner that offers a detailed, traditional and yet enigmatic depiction of mid-nineteenth century medical training and practice.[5]

Donated to the Museum of Historical and Cultural Medicine of the Cleveland Medical Library in 1934 by his son, A. Grant Webb, Abner Webb's effects include letters and papers, receipt books, a physician's day book, and medical school notes and theses. His saddle bags, instruments and medical texts were donated to the museum in 1942. Despite the abundance of material, only documents relative to his professional life as a physician were donated. Consequently, information about his personal life is sketchy at best and, for the most part, limited to sources of public record. This is unfortunate, not only because an individual's personal and professional lives are inextricably intertwined, but in Webb's case, evidence suggests that Webb did not continue the practice of medicine much beyond the first several years after medical school graduation.

In December of 1940, Howard Dittrick, curator for many years of the medical museum that now bears his name, presented the preceeding paper to the Trumball County Medical Society. In it he hailed Webb as a

pioneer physician of Trumball County.[6] It is unclear whether Dittrick used the word "pioneer" in the "frontier" sense or in the medical sense, but in either case the word is not an accurate reflection of Webb's life. By 1847, when Webb began his practice, Mahoning and Trumball counties were established thriving rural communities, the frontier having moved much further west by then. His medical schooling followed a very traditional pattern of the highest standards and his practice, as far as can be determined, was representative of the average orthodox practitioner. Thus, it is clear that, with the exception of one spunky month in Missouri, Webb neither cleared the land nor broke new ground in medicine.

Intrigued by Webb's papers, Dittrick wrote an article reflecting a professional interest in the medical school lecture notes and the early history of the Western Reserve Medical School. Dittrick focused on the contents of the lectures, quoting extensively from them, and thus defining Webb's education, but not really revealing much about the man himself. The analysis of Webb's day book assumed a hagiographic perspective in that Dittrick presumed that Webb was successful in his medical practice, an assumption easily challenged by contextual analysis. Essentially, Dittrick presented a cursory narrative which, through a disregard of contextual elements such as the state of the medical profession, demographics and economics, failed to provide an accurate depiction of a country doctor facing enormous adversity in setting up a medical practice.

When I first began to work through the archives, it was not with the intention of upsetting the accepted analysis of the Webb papers. What originated as an exercise in working with primary source material resulted in an insightful lesson in the use of basic research tools such as maps, artifacts and government documents. More significant than the specific conclusions drawn about Abner Webb was my realization that the approaches different historians take towards one set of documents can result in very different analyses. Thus, I believe that Dittrick, a successful doctor himself, was naturally drawn to a romantically idealized caricature of a Midwestern pioneer doctor. In contrast, as a student of mid-nineteenth-century American medicine, I interpreted the materials within that context as represented by the secondary literature.

Several themes emerge from a study of Webb's papers, all of which support the thesis that Webb's medical education and practice were thoroughly reflective of the nature of mid-nineteenth-century American medicine. First, his education, initially under a preceptor and then at a regular medical school, was characteristic of the times, even if the apprenticeship proved to be substandard. Second, Webb's therapeutics were entirely those of a conventional allopathic medical practitioner. Third, the combination of local demographics, low and uncollected wages, a successful

Webb's medical saddlebags, on display in the Dittrick Museum, are in almost perfect condition, showing little wear. They still contain vials of medicine, wrapped in paper, and tied with string.

(Photo courtesy of Dittrick Museum of Medical History.)

farm as financial backup, and the sorry state of the medical profession, conspired against the establishment of a successful medical practice. Finally, although Webb's papers include an abundance of documentation, large gaps exist and certain conclusions can only be deduced logically. Other questions invite fanciful speculation at best.

Consequently, the narrative that follows is an attempt to reconstruct the life of a man and his efforts to enter the medical field in mid-nineteenth-century rural America. Even in their failure, his efforts were typical of many who did the same thing at the same time. Through Webb's papers and artifacts, a portrait of a country doctor is revealed, one that I think is personal and somewhat endearing. Dittrick was not alone in his fascination with Webb's papers. They offer an intriguing puzzle for the historian-detective to resolve.

Early Medical Training

Dittrick evidently had the opportunity to interview Grant Webb, because he shares personal family anecdotes that are not available from the archives. This information necessarily was family folklore because Abner Webb died when Grant Webb was still a very young child. Despite a lack of documentation, it is easy enough to accept Dittrick's testimony that Abner Webb was tall, broad and strong, gentle and kindly, and possessed of a lovable disposition.[7] It may have been his sociability and sensitivity that inspired him to become a doctor in the first place.

In a small receipt book dated April 1843 to March 1844, listed among entries for 384 pounds of beef and 25 bushels of oats, Webb recorded payments to Dr. Samuel S. Ball for monthly tuition and use of books for the study of medicine and surgery. As was common at that time, Webb had apprenticed himself to a practicing physician to learn the trade. An apprenticeship normally lasted from two to five years, during which time "a young man lived at the home of some local doctor, 'read medicine' with him, rolled his pills, mixed his powders, cut splints, and took care of the horse."[8] The average cost was $100 per year and Webb's payment of $23.33 1/2 for four months appears low.[9]

The quality of the preceptorship, however, depended on the abilities of the training doctor. Many doctors in the mid-nineteenth century were poorly trained themselves and used their apprentices more as a source of cheap labor.[10] Webb had his doubts about Samuel Ball and wrote to John McCook of New Lisbon, questioning Ball's legitimacy. The confidential reply, dated December 8, 1843, confirmed whatever concerns Webb had:

> I received your favour, making certain inquiries in regard to the medical reputation of Samuel S. Ball, although the motive which prompt the inquiries is in darkness to me, yet as the inquiries are made

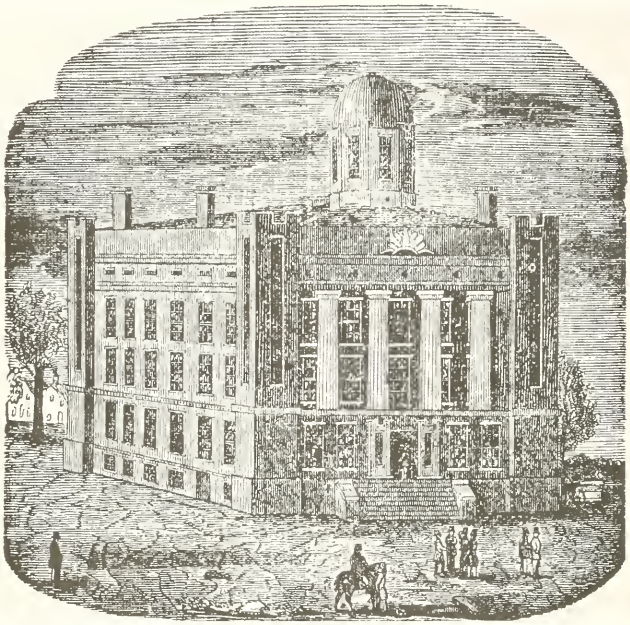
> with apparent candour, we consider it our duty to promptly reply to those, only asking the favour that my communication shall not be brought to operate against Dr. Ball unless justice absolutely require it. Dr. Ball [?] his residence in [?] Township was a very intemperate man, which laying all other matters aside, disqualifies him in my opinion to practice medicine, but so far as I can ascertain he never had sufficient opportunities to be a regular bred physician. He followed butchering I believe in the town of Salem. . . . I yesterday submitted your letter to R. Forbes, Esq. of Petersburg and James Weeks of Liberty Township, [who] both promptly declared that they never did, nor was he considered a Physician and that they never would under any circumstance permit him to practice in their families.
>
> Respectfully,
> John McCook[11]

Such unqualified disapprobation must have been devasting to Webb; however, he remained with Ball to complete the terms of the first year of apprenticeship, returning to Austintown in late March of 1843.

It can be surmised that there was some family intervention at this point. Dittrick states that Webb's family was against his going off to medical school, yet in the early fall of 1844 there is correspondence from E. D. Leach of Mercer County, Pennsylvania, about possible rooming arrangements for the coming term at the new medical school of Western Reserve College in Cleveland. Leach mentioned a conversation with Dr. J. P. Kirtland, whose family moved to Ohio from Wallingford the same year as the Webbs, and who was now a professor of medicine at the medical school.[12] Anxious for the success of the fledgling institution, Kirtland understandably recommended that Webb attend. Both Leach and Jackson Truesdale, another young man mentioned in the letter, were from local township families.

Reinforcing the universality of student concerns remaining constant over the centuries, Leach divulged that he had been trying to find out the qualifications and character of the newest professor, Jacob J. Delamater:

> Dr. Kirtland assures me that he is excelled by no one in the western country, that instead of having had medicine by *two years* as asserted by some, he has gone through a regular course of medical studies, attended *four* full courses of lectures besides several parts of courses: and that is abundantly adequate to the task assigned to him. As to his father John Delamater, none dare say aught against his qualifications.[13]



This announcement for the 1846-47 academic year of the Cleveland Medical College shows a drawing of the building just being completed on the corner of E. 9th Street and St. Clair upon Webb's graduation. He may have attended classes here, but more than likely would still have been in the old building on Prospect and Ontario Streets.

(Photo courtesy of Dittrick Museum of Medical History.)

Such a recommendation must have been very reassuring for Webb, particularly after his experience with Samuel Ball.

Webb began formal medical training at the Cleveland Medical College of Western Reserve College in November of 1843. With $151 cash on hand, Webb registered by paying a $3 matriculation fee, $50 for eight class tickets, $5 for a dissecting ticket, $4.50 for instruments, and $.50 for a turnkey (an instrument for pulling teeth). In addition, Webb paid between $1.50 and $2 per week for board. He spent $1.87 1/2 for a botany text, but did not buy a full set of medical texts until the second year.

Webb's course of study included classes in *materia medica*, pharmacy and botany, chemistry, medical jurisprudence, practical anatomy, general pathology, physical diagnosis, and theory and practice of medicine. The session began on the first Wednesday of November and ran for sixteen weeks. The subjects taught at Western Reserve and length of sessions were

similar to established medical schools such as the Jefferson Medical College in Philadelphia, for which Webb had an annual announcement for the year 1846-1847.

In order to graduate, students were required to attend two sessions of four months each, repeating in the second year the same program of the first. Webb's second year, however, included additional classes in pathology and obstetrics, and surgery. All classes were taught through lectures except practical anatomy, for which Webb paid an additional $4.50 for the anatomy demonstrator.

In January of 1845, Webb became ill with a "a sub-acute inflamation of the mucous tissue of the stomach and bowels."[14] Elias Leach wrote to Webb's brother Vincent in late January that Abner was "very unwell," that he hadn't been able to attend lectures for ten to twelve days, and that Leach doubted Abner would be able to return to class that term. Both Dr. Kirtland and Dr. Delamater had been caring for Abner, but Leach implored that someone from Austintown come to Cleveland to take care of him.[15] On February 2, 1845, L. B. Brainard, another of Webb's friends, wrote to Webb, Sr., asking him to bring a horse and carriage to take his son home.

Webb returned to the farm and evidently recovered from his illness. In May of 1845, he ordered a box of medical texts from Lea and Blanchard in Philadelphia. Webb saved the receipt for these texts: the cost for twelve books was $30. Several titles were those that John Harley Warner, in his landmark analysis of nineteenth-century American therapeutic practice, reported as being dominant in the mid-century.[16] Warner called these texts "agencies of conservatism in therapeutics," in that practitioners turned to them even years after medical school when faced with unfamiliar situations. Therefore, the continued use of such texts perpetuated traditional and conservative treatments.[17]

Notes in the small receipt book show that Abner spent the summer of 1845 studying medicine and working on the farm. A pattern of meticulous record keeping becomes apparent as he recorded half-days and three-quarter days of farm work charged to his brothers Pitt and Huron. Earning $.62 1/2 per day, Webb totalled $9.06 1/2 by September 10. He wrote that he boarded at home for seven weeks, working on the roads, posting books, and "studied none." On July 4 he quit the study of medicine for the harvest and recommenced his studies on August 5.[18]

On November 3, 1845, just prior to leaving Austintown for his second session of school, Abner signed a loan agreement with his father for $154, using a ten-acre tract of land in Ashtabula County as collateral. The Webb family was quite well off, undoubtedly because they were so attentive to financial details. Nonetheless, expenditures and credits were recorded carefully down to quarter cents. Transactions between family members were treated just as formally. Abner, Jr. evidently repaid his

debt, since the signature was cut out of the agreement—a customary means of indicating repayment.

Webb deposited $110 into the City Bank of Cleveland on November 8, 1845. For his second term he arranged to board with Mrs. Cushing, probably Dr. Erastus Cushing's wife, for $1.75 per week, a fee that included room, light and fuel. On February 10, 1846, two weeks before the end of the term, he paid $20 for his graduation fee. Records indicate that Webb was among the fifty-three members of the third graduating class of the Western Reserve Medical College. His friend Elias D. Leach graduated in 1848 and Jackson Truesdale was listed among the non-graduates of 1846.[19]

Getting Started

Upon graduation, Webb received several letters of recommendation to help him in setting up a practice. These recommendations were crucial, as historian John Harley Warner explains:

> More essential to proper professional identity was moral character. Being a moral man was deemed crucial not merely to the physician's standing in the community, but also to his effectiveness as a healer. ". . . Moral influence" was both a source and an expression of the physician's healing power and was regarded as an active force that daily made a difference in the sickroom.[20]

Thus, these letters were more than just an introduction to a new community, but an affirmation of Webb's suitability for the practice of medicine. They established that he was a regular, well-trained physician, important qualifications in an age of dubious medical standards.

Webb's letters of referral were written by some very influential persons. His congressman, Elisha Whittlesey, wrote an honest letter stating that he did not know Webb personally, but that mutual friends accorded Webb with unqualified favor and so he did as well. Whittlesey concluded: "I shall rejoice to hear of Dr. Webb's success in business and, wishing him health and happiness, I hope he may find friends wherever he may reside."[21]

David Tod, a county resident who in 1844 had failed in a bid for Ohio governor and had been named Minister to Brazil under President Polk, also wrote a letter for Webb. Tod was responsible for building the coal industry in Mahoning County, he was a director of the Cleveland-Mahoning Railroad and, in 1861, was elected governor of Ohio.[22]

Other letters were from prominent Youngstown physicians. These included one from Charles C. Cook, a native of Wallingford and graduate of the Yale Medical College. A second was written by Henry Manning, who, in addition to being a highly respected physician and associate of the Western Reserve Medical School, was

a township trustee, state legislator and leading banker. The third, from Timothy Woodbridge, was the most personal. Woodbridge was a grandson of Jonathan Edwards, the great Puritan evangelist; he studied under Henry Manning, graduated from the Jefferson Medical College, and eventually was the founding president of the Mahoning County Medical Society. Implicit in the letter is the suggestion that Woodbridge served as a preceptor to Webb after the close of the second medical school session. The letter stated:

> This is to certify that I am well acquainted with Abner Webb, M.D. and the family of which he is a worthy member. That they are well and favorably known throughout this region as men honorable and upright in their intercourse with their fellow men and have always had the confidence and respect of the community where they reside. The bearer A. Webb has been a student of medicine in my office and passed a very satisfactory examination for his degree of Doctor of Medicine. And I take great pleasure in recommending him to the respectful office of the community where he may locate as being way worthy of their confidence both as a Practitioner of Medicine and most worthy gentleman.
>
> T. Woodbridge, M.D.[23]

These letters of recommendation and the background of their authors support the contention that Webb had a very thorough, conservative and traditional medical education. Not only were his professors schooled at orthodox Eastern medical schools, but his colleagues and preceptor in Youngstown had the same traditional training. Given the Webb family roots in Connecticut and their network of relationships with other established families, it was highly improbable that Webb would have followed any other course, despite the rising influence of homeopathy, hydropathy and other sectarian and proprietary schools of medicine.

The letters of recommendation imply that Webb was about to travel to a distant, new location and that is exactly what he did. Striking out on what must have been the adventure of his life, Webb traveled west to the tiny town of Camden, Missouri, located twenty miles northeast of Independence. The only record of this journey of 850 miles is a receipt for $3.25 for a seat on a stagecoach from Milton, Illinois, to Hannibal, Missouri, dated June 8, 1846. Webb began boarding with Robert Ballews on June 26, paying $1.75 per week, with the option of paying an additional $.25 if he wished to have his laundry done.[24]

The reasons for Webb's travels to Missouri are unknown. In 1846 Independence was a port of embarkation for both the Sante Fe and Oregon Trails. It is possible to imagine that many pioneers would have passed through Camden on their way to

Independence. Webb may have felt that his chances for success would be better in this burgeoning area of the country, where there were fewer well-trained physicians than in his home county.

Austintown and Girard, 1847-1853

Webb began his practice in Camden, recording in his new account book sixteen visits by twelve patients over the two-week period from July 11 to July 24, 1846. His charges ranged from $.25 for medicine to $2.25 for a visit and medicine. Most of his patients were children. His accounts totalled $17 for the period, but he only indicated a payment of $.50.[25] There are no further entries past July 24, but Webb began anew back in Austintown in January, 1847.

Census records for Austintown Township in 1850 indicate that there were 1,174 people living there and of those, three were physicians. A township is an area thirty-six miles square. Thus, Austintown Township was fairly densely populated for a rural community, especially considering that the Webb's farm alone covered nearly three-quarters of one section.[26] With Webb as a fourth practitioner, however, the ratio of potential patients for each doctor was 293 to one. In his book, *The Healers*, John Duffy indicated that a ratio of 500 to one was excessive.[27] George Rosen, another prominent medical historian, computed the ratio of population to one physician—based on 1860 census data—at 572 to one.[28]

Another consideration was the matter of competition from eclectic medical sects. As early as 1835, Thomsonians had become entrenched in Ohio, claiming up to a half of the population as adherants. Even regular physicians conceded one third of the population to the herbalists. Whereas most of the followers of medical cults were Pennsylvania Germans who settled in southern Ohio, the acceptance of alternative medical practices was extensive, the state becoming a stronghold of sectarian medicine from 1845 to 1900.[29] Therefore, it can be concluded that Webb was facing stiff competition from several directions on the homefront.

Webb began his practice in Austintown on January 25, 1847, and lasted until May 3. During this time he had twenty-nine patient visits and charged a total of $9.06 1/2. He collected $3.06 1/2, plus a credit of $.50 for two front horseshoes. Although most entries are very general and do not reveal the nature of the illness, Webb indicated that he performed one venesection ($.25), extracted a tooth ($.12 1/2), performed an eye wash ($.12 1/2), and opened an abscess ($.12 1/2).[30] These fees were significantly lower than he had charged in Missouri, but evidently still beyond his patients' ability to pay.

On May 5, 1847, Webb moved to Girard, a town just northwest of Youngstown. He began boarding at James Hezlep's, a local farmer. He recorded these conditions:

> Boarding, washing and mending per self. Also stable for horse, a place to keep feed and straw with all to be had at the rate of eighty dollars per year or that date if less time to be paid any time as I make it my practice (or within the year) in farmers' produce at the market price. Five dollars to be thrown off if I procure a stable NC [no charge] at another place. If any doctoring is required in his family, I am to have the chance of doing it. If absent more than one day, no charge of the board is to be made, as is customary.[31]

After forty-five days, Webb moved to Elimadorus Crandon's rooming house, the Black Horse Tavern. At $1.50 per week, Webb was able to reduce his cost of boarding only slightly, but the payment schedule was more lenient. At Crandon's the charge was "to be paid in any kind of produce at any time I make it. If any doctoring is required, I am to do it as low as for any persons."[32] Crandon proved to be a good patient, or at least someone with health problems, in that he accumulated forty-one charges, totalling $18.52 in a year's time.[33]

Webb recorded his first patient visit in Girard on May 5, 1847. Demographics in Liberty Township, where Girard was located, actually were worse than in Austintown. The population to doctor ratio—based on 1850 census records—shows 266 to one, with four other doctors in the township.[34] His practice, however, seemed off to a good start with eighty-seven patient entries the first month and eighty-nine the second.

A bill for medicine shows that Webb ordered a wide variety of herbs and medication for his practice. These included many of the traditional and heroic medications used as purgatives and emetics. Warner states that purgatives and emetics were the basics for depletive therapeutics, which worked by lowering an excited system and by cleansing the body of obstructions to restore the system's balance.[35] Webb used the most common emetics, such as tartar emetic and ipecac; sweet spirits of nitre, jalap, and calomel were some of the purgatives. In addition, laudanum, quinine, cantharides for blistering, opium and morphine were a part of his *pharmacopeia.*

Along with his initial supply of drugs from Bates and Company of Cincinnati, Webb ordered some instruments, many of which are now a part of the collection at the Dittrick Museum of Medical History. A dissecting case, a pocket case of instruments, two turnkeys for tooth extractions, catheters, a spring lancet, a thumb lancet, a scarificator and forceps were sent as part of his order. Also included with the instruments donated to the museum were a small wooden stethoscope, syringes, three small cupping glasses, small scales in a case, apothecary scales and two sets of saddlebags.

Despite the number of devices owned by Webb for bleeding purposes, he recorded only six instances of venesection during his first year of practice. This record does not mean that he refrained from bleeding patients at other times, but he did not record those occasions explicitly.

As the harvest season began in July, Webb's practice dropped off considerably. Dr. Kirtland, his friend and teacher, wrote him a letter urging him to persevere:

> The great secret of success in the medical profession consists in industry, perseverance and devotion to the business. Think and talk of nothing else. Read every medical book you can obtain and keep up with the rapid improvements that are constantly being made in the different branches. Be not discouraged, for the first year or two, you will ultimately succeed.[36]

Late August brought an epidemic of fever, most likely malaria, to the township. In the early nineteenth century, malaria was the most common and significant endemic disease in America.[37] In September, Webb recorded 129 entries, most of them sales of quinine. He succumbed to the fever on September 22 and carefully charged himself for medication on five different occasions. As did his patients (or perhaps more quickly than did his patients), Webb paid himself in cash one month later.

The excellent condition of Webb's office sign, decorated in blue paint and gilt on a lead sheet, suggests that it was not exposed to many years of the typically inclement weather of Northeastern Ohio.

(Photo courtesy of Dittrick Museum of Medical History.)

During the summer, Webb worked the harvest for James Hezlep, earning $.75 per day. He also let his horse out for hire at $.50 per day. Other times he mowed grass for $.50 per acre.

By almost any standard, Webb's medical practice was not very successful. During the winter months, his patient visits dropped dramatically. For the four months from November through February he recorded only 99 entries. His fees were low, most being under $.50 and many under $.25. Webb was often paid in kind, receiving oats, corn, coal, boots, horseshoes and shirts in exchange for medical care. In March he vaccinated forty-two people for smallpox, but after that he began to settle his accounts.

It was common practice for nineteenth-century physicians to submit statements only once a year. Webb's efforts at collecting money in April of 1848 would not have seemed unusual, except that there were no further entries beyond the end of the month. While the average starting income for a physician ranged between

$400 and $600 per year, Webb's accounts scarcely came to $200, and even much of that total remained uncollected.[38] Given his meticulous habits and careful attention to money, had Webb continued with his medical practice, it seems likely he would have continued to record entries in his book—which was only half-filled at that point.

Further evidence supporting the contention that Webb ceased to practice at this point can be found in county tax duplicates. At this time, doctors were required to pay a state licensing fee, which was collected by the county. These fees were listed at the very end of the real estate tax duplicate. The Trumball County Auditor's Duplicate shows that in 1846, Liberty Township had two licensed physicians. In 1847, Webb's name appears along with three others —Drs. Loy, Fee and Walker. In 1848, Webb is again listed with three others —Drs. Loy, Nelson and Marshall. In 1849, only Dr. Fee's name is left on the duplicate, Drs. Loy and Marshall having removed themselves to set up practice in Warren, Ohio. Abner Webb did not pay a licensing fee in 1849 or any subsequent year in Trumball County. The total number of physicians in all of Trumball County ranged from fifty-one to fifty-seven during the years 1846 to 1850.

So, with his large fee book only half filled, Webb returned to keeping notes in the small receipt book he had used since his first days at Samuel Ball's. On April 21, 1849, he recorded boarding at Mr. Gossett's in Bowling Green, Ohio, a town just south of Toledo, "at $1.25 per week to be paid by anything that we may receive in the practice of medicine." He and a friend, Dr. Niles of Russell, evidently had gone there to help with the cholera epidemic.[39] In another small notebook, Webb wrote down two recipes, one for cholera treatment and one for corns. Notes in this book date him back in Austintown in October of 1849.

Webb continued to study medicine on his own, recording many recipes for medical treatment and prescriptions copied from Druit's *Surgery.* The 1850 census placed him at his family farm late in the fall, listing his profession as physician. His mother, who was alive when the census was taken, died on November 2, 1850, at the age of seventy-one. Unfortunately, the Mahoning County tax duplicate, which would indicate if he were licensed in Austintown, has been lost in a morass of state bureaucratic paper shuffling. In December, however, Webb was back at Elimardorus Crandon's in Girard, where he remained until January of 1852. It appears from the many entries that he may have been selling school supplies and perhaps serving as the doctor to the Trumball County School District No. 8. Entries included those for multiple copies of McGuffey readers, arithmetic primers, paper, French books and even curtains for the school.

Listed under 1853 is an accounting of days worked on the family farm from March through August, under

the heading "A.P., Jr., H. Webb & Co."—these initials referring to his brothers, A. Pitt and Huron, and himself (Jr.). There are no further records to be found until 1861, except the 1860 census, which lists Webb still living at the farm. In 1860, however, he gave his profession as a farmer.[40]

A Return to School

In what must be the most puzzling segment of Webb's life, Webb decided to go back to medical school in 1861. The Civil War had begun in earnest; battles had been fought at Ft. Sumter, Bull Run, and along the southern Atlantic coast, and troops were facing each other in the West. Ohio was a center of political turmoil. David Tod, an ardent war Democrat, was running for governor. Peace Democrats, or Copperheads, were also strong in Ohio. Their leader, Clement L. Vallandigham, was an Ohio Congressman from Dayton. Perhaps Webb felt that his medical skills would be of use during the war, either in the army or at home to replace those doctors who went off to war. Census records for Austintown in 1860 show a population of 1,507, with only two doctors. One of the doctors, John Packard, was fifty-three years old, but the other was only twenty-five and might well have been planning to join the army, leaving just one physician in the township.[41] This is, of course, conjecture. It would be possible to argue that Webb viewed a medical career as an avenue for staying out of the war as well.

Medical Department
OF THE
WESTERN RESERVE COLLEGE,
AT
CLEVELAND, OHIO.
Lectures on Theory & Practice of
Medicine,
By A. Pattison M. D.
For Adm. A. Webb
Session of 1844 & 5

This lecture admission card, as well as the three shown on the opposite page, were used for the 1844-45 session of Western Reserve College Medical Department.

(Photo courtesy of Dittrick Museum of Medical History.)

Regardless, he once again turned to his medical colleagues in Youngstown for recommendations to carry to his professors at the Jefferson Medical College, where he was bound in November. Drs. Woodbridge and Shannon wrote:

> The bearer Dr. A. Webb, goes to your city to attend lectures and I take great pleasure in recommending him to your favorable notice, as a gentleman of good moral character, and one who has the respect and esteem of all this community. He read medicine in my office, and graduated in Cleveland, in 1846. He practiced much [?] several years and had a good standing with his medical brethren. You will find him a man of sterling worth, and worthy of your confidence. Any attention shown him will be thankfully received and by so doing you will confer a favor on his many friends here.[42]

Henry Manning and Charles Cook wrote a similar letter stating that

Webb had been "more or less engaged in the practice of his profession," an assessment which seems to support the sort of evidence in his papers.[43]

Before Webb left for Philadelphia, he arranged his financial affairs by listing outstanding notes and bank certificates. Obviously a generous man, Webb had lent eleven different men a total of $750. His bank certificates totalled $1,000. His personal estate as listed on the census form was $2,000. The family farm was worth $15,800; in addition, the personal estates of Abner, Sr., Huron and A. Pitt totalled $29,000. Webb's sister Louisa, still living at the farm at age fifty-four, had a personal worth of $150.[44] Consequently, for his second try at medical school, Abner was self-sufficient and did not have to turn to family for money.

Webb made a list of the contents of his trunk taken to Philadelphia. Included were his medical textbooks, most of which were the ones he had purchased in 1845. He had his surgical and anatomical instruments, books on philosophy, geology, rhetoric, digestion and civil government, and his medical school notes and lecture cards from Western Reserve. He also carried a Bible and a hymn book. His personal belongings included an American chesterfield (presumably an overcoat), a razor strap and razor, a fine coat, a vest, a pair of pants, four shirts (at $1.50 per shirt), socks and a pair of mittens.[45]

Webb wrote home immediately upon his arrival in Philadelphia. His excitement was revealed through his description of the city: "The city and its institutions are all that I anticipated and more. . . . I have visited the Hospitals of Pennsylvania and Philadelphia, which for neatness and task of arrangement and management, excell any of the kind in the U.S., so said by competent persons." He then comments on the price of produce, it being not much higher than at home and asks his father to pay his taxes. He also asks about the local election for governor, which would have been a source of great interest.[46]

Webb wrote to a friend, Samuel Kimberly, on October 31. He mentioned that he was able to attend lectures at both Jefferson Medical College and the University of Pennsylvania by paying a single matriculation fee. Expressing interest in the election once again, he mentioned the war and the fact that he could hear the booming of the cannon. Always the farmer, Webb discussed the cost of produce and coal.

Finally, there is one additional letter written on December 2, 1861, to another friend, John Moore, in which he described his day at school. There were six lectures per day, in a schedule which began at 10:00 a.m. and continued until 2:00 p.m. After a two-hour break, Webb returned for the remaining two lectures, which lasted until 6:00 p.m. in the evening. After dinner, there would be one or two additional sessions. Webb commented that the professors were good and that there were from 250 to 300 students in the class. He went on to say

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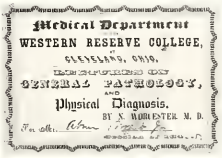
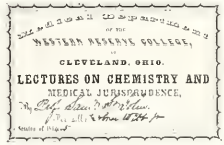
Materia Medica, Pharmacy,
AND
OBSTETRICS.


Medical Department
WESTERN RESERVE COLLEGE,
CLEVELAND, OHIO.
LECTURES ON
GENERAL PATHOLOGY,
AND
Physical Diagnosis.
BY S. WORCESTER M. D.


MEDICAL DEPARTMENT
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WESTERN RESERVE COLLEGE,
AT
CLEVELAND, OHIO.
LECTURES ON CHEMISTRY AND
MEDICAL JURISPRUDENCE,

that "Philadelphia is a very beautiful and great place and cannot be excelled by any place in U.S. for its Medical Colleges."

In the rest of the letter Webb discussed the weather, the price of apples, the war and begged for news from home. He had gone to hear many different preachers and had listened to a speech by Charles Sumner, the abolitionist senator from Massachusetts, whom Webb called a "*great man.*"[47] In total, it appears that Webb was enjoying the city and his classes, but was lonely for letters from home.

Included in Webb's papers is an announcement for lectures and demonstrations at the College Avenue Anatomical School. Located one block from Jefferson and directly behind the University of Pennsylvania, the school boasted of "two large dissecting rooms with an abundant supply of material."[48] One of the problems for medical schools was the difficulty in securing bodies for dissection. There was no legal way to do it. Both physicians and pupils resorted to grave-robbing or to employing the services of professional "resurrectionists." Needless to say, this was another aspect of the hostility that contributed to the low status of the physician in the mid-century. Pennsylvania did not pass an anatomy act to allow the legal donation of bodies to medical schools until 1883.[49] Although the announcement for this school with ample "materials" is included in Webb's papers, there is no receipt or lecture card to confirm that he actually attended the sessions.

In order to graduate from Jefferson Medical College, Webb would have to have attended two sessions, which, as far as can be determined, he did not do. He did, however, write a thesis on scarletina, which he submitted as part of his schooling. Written in a beautiful precise hand, the thesis is interesting in that it provides an excellent example of the type of textbook treatment prescribed. Historian Warner writes that in the 1850s therapeutics were undergoing a change from depletive to those that stimulated.[50] These would include the use of alcohol, cod liver oil, iron compounds, quinine, and a high diet. Webb's thesis, however, perhaps reflecting the use of older texts or the conservative nature of his lectures, is very traditional in its use of emetics, purgatives, and anti-phlogistic measures.

Webb recommended an emetic in the early stages of the disease:

> Ipecacuanha may be used or a mixture of this with Tartar emetic. The emetic in all cases except those of great mildness should be followed by laxatives. Calomel would seem the most suitable. . . . The calomel should be given at first in a dose sufficient to move the bowels and if it do [sic] not operate thoroughly in six or seven hours, it should be followed by castor oil, magnesia or one of the saline laxatives. The bowels should afterwards be kept

> open by such cathartics as are suited to the circumstances of the case, sulphate of magnesia when there is much excitement and energy of the system, Sedliz powder when there is acidity. . . .[51]

The paper then advised leeching and cupping for serious inflammation of the throat, cupping behind the neck or applying leeches under the lower jaw or behind the ears. Sponging with cold water was recommended to relieve fever without chills, but a well-developed fever should be treated with "internal refrigerants," drinking cold water or holding ice in the mouth. To promote sweating and urination, spirit of nitrus was advised; sour breath should be treated with bicarbondate of soda three to four times daily. Digitalis could be given for a frequent pulse and if sleep was elusive, then morphia could be administered in small doses late in the day. Finally, if a person could live through the treatment, let alone the disease, tonics and stimulants such as quinine would be given to rebuild the system.[52]

Conclusion

This material is the end of the record of Webb's education and medical practice. There are no further day books or receipts to indicate what he did after returning home from Philadelphia. It would be easy enough to assume, as Dittrick did, that he set up a practice in Austintown and lived out his days as a successful doctor. However, there is no evidence to support this argument.

Webb's father died on April 5, 1863, and evidently Webb returned to the farm. He married at the age of forty-eight on October 7, 1869. His bride, Margaret Garghill, was twenty-four and was an immigrant from the British Isles. Dittrick claims that Margaret was Irish, but she listed her place of birth on the census records as England. The census records for 1870 show that Webb was the head of the household and that his brothers, Pitt and Huron, and his sister, Louisa, were still unmarried and living at the farm. Once again, Webb listed his profession as a farmer.[53] Webb and his wife had two children,—a son, Grant, and a daughter, Bella. Dittrick alludes to letters about an illness and surgery in the spring of 1874, for which Webb was attended to by his old friend, Timothy Woodbridge, Woodbridge's son, and a surgeon, Dr. Sawyer.[54] The letters are not in the archives at present. Webb never recovered from this illness and he died on November 30, 1874.

Probate records on file at the Mahoning Valley Historical Society include inventories of Webb's possessions at the time of his death. The account of the final settlement of his personal estate indicates that Webb was in partnership with his brothers as a principal and equal owner of the family farm. The inventory includes all farm property such as animals, crops and farm implements. A second schedule lists personal possessions

appropriated by his widow that were not included in the appraisal of the estate. None of the documents lists medical equipment or books, or indicates in any way that assets were realized from anything other than the farm and investments.[55]

Probably at the time that Grant Webb was donating his father's instruments to the museum, he wrote to an aunt, Isabel Beecher, of Savannah, Georgia, asking for her memories of his father. She responded at length about Webb's funeral procession and her conversations later with her mother about her brother-in-law's death:

> Jim had been left at home in charge of Agnes and me and he had wrapped us up against the cold and taken us to slide on McGrath's hill. When we saw the procession we ran along hailing the family by name in the carriages and causing your mother and our mother much embarrassment and grief. I could not understand why such a rumpus should have been made and Jim so blamed, and then I gathered that the funeral was one of unusual grief and the poor girl much put upon and that we had acted like little beasts.
> Much later, mother did speak of it and blamed the hospital because he ate unwisely when he was upset, their fault, she thought—and because the process of releasing a perfectly well person had been carelessly delayed. She said she had gone to see him with your mother. He had been so normal, so sweet, so delighted to see the baby (that of course must have been Bella. Wasn't she a nursing baby at the time?) Mother's belief was that he was entirely recovered and only waiting for the legal release and she was stricken that he had not been in his own home.
> I believe that it was a nervous breakdown—a sort of melancholia—"very gentle" she said "gentle and sad." I imagine now that the reason he was sent away was because of your mother's helplessness—two little children —three old people alone in the country. If it were now, doubtless they would find infected teeth or some such cause. My impression is that he was living at the farm when they were married and afterwards, too.[56]

The letter poignantly expresses the final illness of Webb, who most likely developed an intestinal or perhaps an emotional problem after surgery from which he never recovered. The three old people at the farm would have been his brothers and sister, who in 1874 would have been fifty-nine, sixty-five, and sixty-nine years of age.

Beecher's letter intimates that Webb was sensitive in nature and dearly loved. Interesting, too, are the implied dangers of a stay in the hospital and Beecher's twentieth-century confidence in medical science. Most telling, however, are her closing remarks, in which she stated, "I do not remember ever hearing anyone call him Dr. Webb. I do not know whether he ever practiced from the farm."[57]

Thus, here is the story of a man who clearly wanted to be a doctor, but for reasons that can only be surmised, encountered great difficulties in achieving success in his profession. Medicine in the mid-nineteenth century was at its lowest status, and perhaps because Webb always had a successful farm to fall back on, he never persevered to the degree necessary to be able to earn a living from medicine. In addition to the lack of documentation in Webb's own papers (which, considering how much he wrote and saved over the years, would most likely include notes from a practice inaugurated after 1861), there is no record of him as being a doctor in any of the county histories, the medical literature, or the local medical societies. In an examination of his medical saddlebags, one is struck by their like-new condition. They still contain some vials and medication wrapped in newspaper, but the buckle strap, which surely would receive the most wear, is unworn. In contrast, the larger, general purpose saddlebags are well worn and show much use over a period of years.

Webb's papers support the secondary literature's depiction of the average medical practitioner in the mid-nineteenth century. Both his experience with Samuel Ball and his traditional education at orthodox medical schools were typical of the times. That he had difficulty establishing himself in business and had to resort to farming for an income also was common. Even his return to medical school years later would not be unusual, except for the lack of evidence that he ever practiced afterwards.

Perhaps what is most interesting is the contrast between Howard Dittrick's assessment and my own. Understandably, Dittrick was greatly interested in the contents of the medical school notes and spent much time on their description. His perception, however, of many personal papers was superficial in that, as a doctor himself, he apparently assumed without question that Webb was a successful practitioner. I have chosen to look at Webb's effects in a social context, through an examination of alternative sources of evidence, in an effort to determine how he reflected the state of the medical profession of his time. Consequently, I see a man who characterized the very nature of nineteenth-century medicine. It may be that, given the difficulties facing him, Webb's sensitive personality and his ties to his family prevented him from approaching the practice of medicine with greater tenacity.

■

NOTES

1. See also Thomas W. Sanderson, *Twentieth Century History of Youngstown and Mahoning County, Ohio* (Chicago : Biographical Publishing Co., (1907), 178. Dudley P. Allen, "Pioneer Medicine of the Western Reserve," *Magazine of Western History* (Bound reprint, Dudley Allen Papers, Historical Division, Cleveland Health Sciences Library), 191.

2. See *History of Trumball and Mahoning Counties with Illustrations and Biographical Sketches, Volumes 1 & 2* (Cleveland: H. Z. Williams & Bro., 1882), 86. [Hereafter cited as Williams, *History*.] See also Carol Willsey Bell, *Mahoning County Ohio 1845 Tax List, Showing the First Ownership of Lands at the County's Formation in 1846*, June, 1973. (Collections, Western Reserve Historical Society), 5.

3. Williams, *History*, 128-30.

4. Howard C. Aley, *A Heritage to Share* (Youngstown: The Bicentennial Commission of Youngstown and Mahoning County, Ohio, 1975), 90.

5. Abner Webb, Jr., Papers, Historical Division, Cleveland Health Sciences Library. [Hereafter cited as Abner Webb Papers.]

6. The Dittrick Museum of Medical History is the current name of the Museum of Historical and Cultural Medicine. See Howard Dittrick, "A Medical Pioneer of Trumball County a Century Ago," in this issue.

7. *Ibid.*, 27.

8. Madge E. Pickard and R. Carlyle Buley, *The Midwest Pioneer, His Ills, Cures & Doctors* (New York: Henry Schuman, 1946), 119.

9. John Duffy, *The Healers, The Rise of the Medical Establishment* (New York: McGraw-Hill Book Company, 1976), 166.

10. William G. Rothstein, *American Physicians in the Nineteenth Century, From Sects to Science* (Baltimore: The Johns Hopkins University Press, 1972), 86.

11. John McCook to Abner Webb, Jr., Abner Webb Papers.

12. E. D. Leach to Abner Webb, Jr., September 11, 1844, Abner Webb Papers.

13. *Ibid.*

14. L. B. Brainard to Abner Webb, Sr., February 2, 1845, Abner Webb Papers.

15. E. D. Leach to Vincent Webb, January 26, 1845, Abner Webb Papers.

16. John Harley Warner, *The Therapeutic Perspective, Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge: Harvard University Press, 1986), 170.

17. *Ibid.*

18. Small Receipt Book, Abner Webb Papers.

19. Frederick Clayton Waite, *Alumni Catalogue of The School of Medicine of Western Reserve University* (Cleveland: Western Reserve University, 1930), 6.

20. Warner, *Therapeutic Perspective*,15.

21. Elisha Whittlesey, *To the Public*, May 13, 1846, Abner Webb Papers.

22. Williams, *History*, 171-3.

23. T. Woodbridge, May 12, 1846, Abner Webb Papers.

24. Small receipt book, Abner Webb Papers.

25. Large Account book, Abner Webb Papers.

26. U.S. Census Records 1850, Mahoning County, Ohio.

27. Duffy, *The Healers*, 179.

For further reading on historiographical issues, see Gert H. Brieger, "History of Medicine,"* A Guide to the Culture of Science, Technology, and Medicine, *Paul T. Durbin, ed. (New York: The Free Press, 1980), and Susan Reverby and David Rosner, "Beyond the Great Doctors,"* Health Care in America, Essays in Social History, *Susan Reverby and David Rosner, eds. (Philadelphia: Temple University Press, 1979.)

28. George Rosen, *The Structure of American Medical Practice, 1875-1941,* Charles Rosenberg, ed. (Philadelphia: University of Pennsylvania Press, 1983), 14.

29. Federick Clayton Waite, *Western Reserve University Centennial History of the School of Medicine* (Cleveland: Western Reserve University Press, 1946), 40.

30. Large Account book, Abner Webb Papers.

31. Small receipt book, Abner Webb Papers.

32. *Ibid.*

33. Crandon Account Sheet, Abner Webb Papers.

34. U.S. Census 1850, Liberty Township, Ohio.

35. Warner, *Therapeutic Perspective,* 116.

36. J. P. Kirtland to Abner Webb, Jr., July 6, 1847, Abner Webb Papers.

37. Rothstein, *American Physicians,* 56.

38. Katherine Mandusic McDonnell, *The Journals of William A. Lindsay, An Ordinary Nineteenth-Century Physician's Surgical Cases* (Indianapolis: Indiana Historical Society, 1989), xviii.

39. Dittrick, 39.

40. U.S. Census Records, 1860, Mahoning County, Ohio.

41. *Ibid.*

42. T. Woodbridge and T. J. Shannon, October 1, 1861, Abner Webb Papers.

43. Henry Manning and Charles Cook, October 5, 1861, Abner Webb Papers.

44. Memorandum of notes owned by Abner Webb, Jr. Abner Webb Papers. U.S. Census Records, 1860, Mahoning County, Ohio

45. Contents of trunk taken to Philadelphia, Abner Webb Papers.

46. Abner Webb, Jr. to Abner Webb, Sr., October 24, 1861, Abner Webb Papers.

47. Abner Webb to John Moore, December 2, 1861, Abner Webb Papers.

48. College Avenue Anatomical School Announcement, Abner Webb Papers.

49. Duffy, *The Healers,* 168.

50. Warner, *Therapeutic Perspective,* 143-145.

51. *Scarletina,* Abner Webb Papers.

52. *Ibid.*

53. U.S. Census Records, 1870, Mahoning County, Ohio.

54. Dittrick, 41.

55. File #1852, Collections, Mahoning Valley Historical Society, Youngstown, Ohio.

56. Isabel Beecher to Grant Webb, December 6, 1940, Abner Webb Papers.

57. *Ibid.*

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"Revisiting Abner Webb, Jr., M.D." was written as part of the requirements for the course, "The History of Medicine and Medical Technology," taught by Dr. James Edmonson at the Dittrick Museum. It afforded an excellent opportunity to explore the archives of the museum and to utilize the resources of local libraries, including the Allen Library of the Cleveland Medical Library Association, the Western Reserve Historical Society, and the Mahoning Valley Historical Society.

The Dittrick Museum as it appeared when it was re-opened in 1964.

(Photo courtesy of Dittrick Museum of Medical History.)

Evolution of a Dream: The Dittrick Museum Today

Since Howard Dittrick's death in 1954, the Dittrick Museum has undergone significant changes. First, the museum is now staffed professionally; the physician-curator has been replaced by individuals trained in the disciplines of history, librarianship and museum studies. Second, the museum's position within the Cleveland Medical Library Association was altered so that it became part of a larger "historical division," a tripartite entity comprising museum, archives and rare books. Third, while active collection of artifacts continues, the museum staff has devoted a greater margin of its efforts toward public utilization and enjoyment of its collections. This has taken the form of interpretive exhibits on the one hand and increased public access by means of recent advances in computer technology on the other.

When Howard Dittrick died, the Cleveland Medical Library Association trustees appointed Henry Fertig, M.D., as his successor. Fertig was an active member of the library association, whose interest in history had been demonstrated through his work with Dittrick. Nevertheless, Fertig's administration of the museum was a relatively passive one because physicians in active practice, as he was, were finding it difficult to carry on time-consuming activities outside their practices.

In 1953 Genevieve Miller, who was just completing work for a Ph.D. in the history of science program at Cornell University, was hired by the library as Research Associate in Medical History. This was a new position at the library. The research associate was charged with the publication of a quarterly library bulletin, the evaluation of the professional and cultural worth of the library's rare books, and teaching medical history at Western Reserve University and its medical school. Although she was to provide an increased dimension to the Association's historical activities, she had no immediate responsibilities for the Dittrick Museum. She did assist Fertig informally in a number of ways, and in 1962 she was appointed curator under Fertig. Although the title does not make the extent of her responsibilities clear, she became in effect the chief operational officer for the museum, and under her leadership, the museum began to evolve.

Coincidental with her appointment, the Army Medical Library decided to move its rare book collection from

by Patsy Gerstner

Cleveland and Miller began planning the re-opening of the museum in the area originally designed for it. As she noted in a report prepared at the time, the museum must place "greater emphasis upon the utilization of these artifacts for purposes of education and research. Effective displays must be prepared . . . ; more people must be attracted to the Museum; the Museum must play a national role. . . ."

Preparing the museum to assume a major role once again in the library was not an easy task. The collection had been moved around the building, with much of it stored wherever space could be found. Some artifacts had been lost or severely damaged and records were often confusing or missing. Miller's first task, then, was to bring some organization to the collection in preparation for the museum. She was able to hire an assistant on a part-time basis, and together they accomplished the task of bringing reasonable order to the collection and opening the "new" museum in 1964.

In 1967 the administrative structure and responsibilities of the museum changed dramatically, a prelude to further growth. The Cleveland Medical Library Association joined in an agreement with Case Western Reserve University in 1966 to create an administrative entity called the Cleveland Health Sciences Library. Both the library association and the university remained independent partners in this health sciences library, but the partnership allowed the two organizations to work as one, sharing resources, personnel, and technology. By virtue of the new arrangement, the museum became part of this larger entity that, among other things, gave it an immediate connection to the university community. Robert Cheshier, the new director of the Cleveland Health Sciences Library, continued the long tradition of interest in the history of medicine that had characterized the Cleveland Medical Library Association. He appointed Miller director of the museum, and she reported both through him and directly to the trustees of the Cleveland Medical Library Association.

The Association had amassed a very large rare book collection that until then had been administered as part of the library's operations rather than the museum's operations. One of the first decisions made under the new leadership was to bring the rare book collection and the museum's holdings together in a single historical division under Miller and to develop an archives of Ohio medical history to be part of this new division. This happened in 1967. In that same year, two people were hired to assist Miller as full-time members of the historical division staff. One was an archivist; the other was a museum curator.

A recent Ph.D. graduate in the history of science from Case Institute of Technology (now part of Case Western Reserve University), I was hired as museum curator. I had experience in both historical and natural history museums, where my major responsibilities had been with collection management. During my twelve years as

curator, I gave major attention to the organization and control of the collection through the first complete inventory ever done; new, revised, and more extensive cataloguing; and efforts to make the recorded information about the collections more accessible to users.

During the 1960s and 1970s the activities of the museum grew, in keeping with Miller's goals. An enlarged educational exhibit area was made possible with a grant from the National Endowment for the Humanities, and Miller, who had become a well-known scholar and leader in the history of medicine, was able to direct the attention of members of the professional historical community to the museum as a potential resource for medical research. The museum's involvement in educational programming was broadened in several ways. A course was introduced at the university on the "Nature, Collection, and Handling of Historical Materials." In the mid-1970s the museum participated in the development of a graduate program in museum studies in the history department. In 1976 and 1978 workshops for collectors were given. Services to the local and national community grew through these programs, reference services, and consulting services.

In 1979 Genevieve Miller retired and I became the head of the Historical Division. Edward Pershey, a Ph.D. in the history of technology, was appointed curator of the museum and was succeeded two years later by James Edmonson, also a Ph.D. in the history of technology. Although history of technology professionals had not demonstrated interest in medical technology at that time, I felt that the field was an appropriate and desirable background for the curator of a medical history museum. The museum was fortunate to find two people in rapid succession who were interested in applying their background in the history of technology to a new area of interest.

The last decade has seen much expansion and change in the Dittrick Museum. Some of it has been on an internal administrative level. As the museum and historical division evolved into a professionally staffed part of the library association, older lines of control and authority that involved, among other things, a 'museum committee,' were ineffective. These were changed where necessary to create a more efficient operation. Some things were streamlined for easier recognition. For example, the Howard Dittrick Museum of Historical Medicine was shortened to the Dittrick Museum of Medical History. Although a special division was created in 1967 by combining rare books, archives and museum into one unit in the Library, the name "historical division" was informally adopted but never used, since people continued to refer to all the collections as "the museum collection." However, the title "Historical Division" was formalized in the early 1980s as an administrative convenience. This allowed the needs of each part of the division, as well as of the whole, to

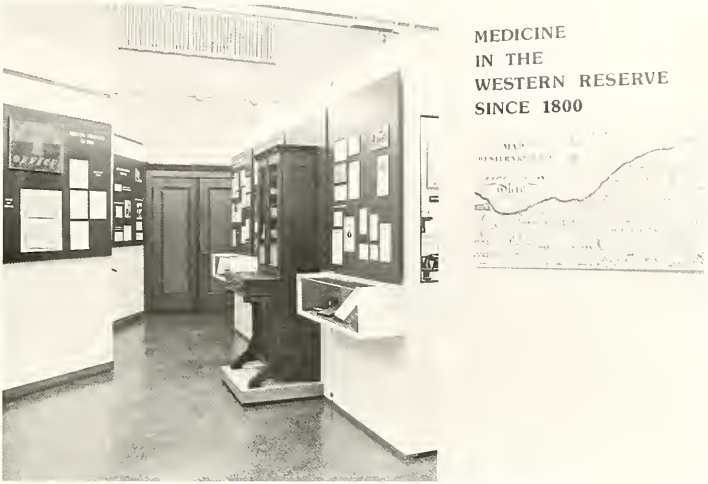
be presented more effectively. Likewise, when staff sought special funding in the form of grants, it made it easier to isolate the parts as needed to explain programs.

The exhibits have received considerable attention in the past decade. The main exhibit gallery was completely redone under Edmonson's direction in 1984 and other changes continue. The major change of 1984 was prompted by the museum's successful effort to be reaccredited by the American Association of Museums. The museum was first accredited in 1972, but a reaccreditation committee of the early 80s felt that we had not done a sufficient updating of our exhibits in the intervening years to warrant reaccreditation. Because we have had such strong support from the trustees of the Association over the years, we felt comfortable in presenting the problem to them. Their reaction was entirely favorable, and funds were allocated for a major exhibit change. In the late 1980s a temporary exhibit gallery was added, allowing staff greater flexibility in presenting a continuing variety of exhibits for the public. Since space is limited and major renovations of the type done in 1984 are not feasible, this flexibility is very important.

Collections management continues to be one of the museum staff's most important activities. In the early 1980s we began to experiment with better subject access systems to our records by testing whether the medical subject headings issued by the National Library of Medicine for books could be used for artifacts. Although there has been a persistent feeling in the museum community that library methodologies are not applicable to museums, our experience in a library environment led us to think they were. Thus, we undertook an extensive test of the possibility.

Our test of the subject system, called MeSH, was successful and we applied for, and received, a grant from the National Endowment for the Humanities to implement the system for our entire artifact collection, numbering about 75,000 items. This was completed in about two years.

Part of the reason we turned to MeSH was a long-range goal to interfile our artifact catalogue cards with those of the books in the library. Our reason for wanting to do this was simple--we wanted to call the attention of library users to the fact that artifacts, as well as books, can be used as resource materials. By the time MeSH was implemented for our artifact collection, however, library technology had changed dramatically. Electronic cataloguing and on-line catalogues had linked libraries across the nation together. It became apparent that we no longer should interfile our artifact cards with the book cards in this one library, but that we should put the artifact records on an on-line network such as OCLC. This presented a new set of problems, and once again we began to experiment. We were not the first to use library cataloguing for artifacts, but we have been able to carry our work further



The museum after the 1984 renovation.

(Photo courtesy of Dittrick Museum of Medical History.)

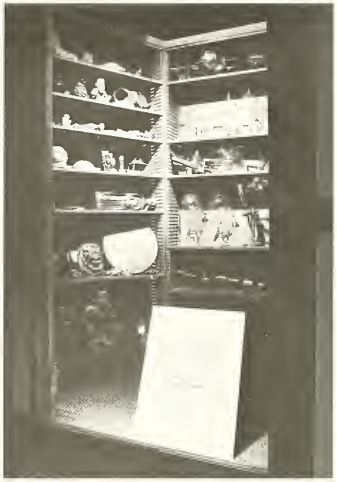
than others. After working closely over a period of time with people in our library system, we were convinced that the Machine Readable Cataloguing format (called MARC) of the library world could be used for artifacts and that we could catalogue artifacts on the OCLC network.

We have a close relationship with staff of the medical history collections at six other academic health sciences libraries in Ohio. Several years ago this group formed a consortium called the Ohio Network of Medical History Collections. Others in the network, particularly at Wright State University in Dayton and at the University of Cincinnati, had done some work along the same lines, and we decided to undertake a massive electronic cataloguing project as a consortium of seven libraries. The project would use MARC and OCLC. We worked together for some time, ironing out problems and conducting more experiments until we felt ready to seek a grant to do the work. We approached the National Library of Medicine for a grant under a new Information Access program. In September, 1990, we were notified that a grant had been awarded. We did not get as much as we had requested and the grant period was cut from three years to two years. Nevertheless, we have begun the project and expect to make a significant dent in the medical history artifacts in our consortium by the end of the two years.

When completed, a significant number of medical history artifacts will be catalogued on OCLC. Persons seeking to use such materials will be able to see our cataloguing records wherever they might be and learn which of our consortium institutions owns the items that are of interest. Through subject searching on OCLC, researchers' attention will be called to artifacts as well as to books, broadening the available research base.

While the external access to information is our primary goal, the project will also aid cataloguing of medical history objects by any organization that may want to utilize our methods. Once entered, the record can be used for cataloguing nearly identical artifacts at another institution. We will also publish a cataloguing manual as a guide for those who wish to use the system. We expect that medical libraries, in which a large percentage of the medical history artifacts in collections in this country exist, will be the primary users, but the system is available to any organization with access to OCLC.

Because the people involved with the museum are historians and because the museum has close relationships with Case Western Reserve University, the staff is often involved in teaching at the university. From 1976 until her retirement, Genevieve Miller directed a graduate museum studies program in the history department. I became the director in 1979, continued in that position until 1988, and still teach in the program. Jim Edmonson also participates in the museum studies program, and the Dittrick Museum is one of the principal sites for practical experience required of each student. Jim and I also offer electives in medical history at the Case Western Reserve University Medical School and in the History Department. Because of an on-going commitment on the part of the library association to scholarship, we are both able to pursue research in the history of medicine, science and technology.



An unused entrance to the museum was changed in 1986 to this "Glimpse into Storage" exhibit, which provides visitors with an unusual introduction to the collection.

(Photo courtesy of Dittrick Museum of Medical History.)

Although Dittrick's goals for the museum have been altered through the years, they remain a sound basis for our work. The Dittrick Museum staff continues to collect material that reflects the practice of medicine at specific times, in the belief that it pro-

vides an essential key in understanding the evolution of modern medicine. Exhibits represent a different level in the social and cultural history of medicine than they did during Dittrick's day, but his recognition of the museum as one of cultural and historical medicine set the major theme that has guided each of its directors and curators in turn. We still see the museum as a kind of bridge between the technical world of medicine and the world in which most patients live, and we still believe that the artifacts provide an essential source of primary research material. Our responsibilities are to make the material as readily available to the researcher as possible and to provide the general public with the special insight into the world of medicine as only a museum can.

■

Patsy Gerstner graduated from the University of Michigan in 1956. She was Curator of Collections at the West Texas Museum in Lubbock, Texas, and Registrar at the Cleveland Museum of Natural History before entering the graduate program in the history of science at Case Institute of Technology, from which she received a Ph.D. in 1967. She became Curator of the Dittrick Museum and, in 1979, the Chief Curator of the Historical Division that includes the museum. In addition, she headed the graduate program in museum studies in the history department at Case Western Reserve University for several years. She teaches occasional courses in the history of medicine at the university's medical school and is currently preparing a pictorial history of the Battle Creek (Michigan) Sanitarium.

Dittrick Museum of Medical History

Chief Curator Patsy Gerstner
Curator: James M. Edmonson

Location:
Cleveland Medical Library Association
11000 Euclid Avenue
Cleveland, Ohio 44106

The museum is situated on the third floor of the Allen Memorial Medical Library. It is located in University Circle, adjacent to Case Western Reserve University. Several of Cleveland's major museums, including the Cleveland Museum of Art, the Cleveland Museum of Natural History, and the Western Reserve Historical Society, are within a five-minute walk.

Telephone: (216) 368-3648

Hours: Monday through Friday, 10:00 a.m. - 5:00 p.m.
Saturday, Noon - 5:00 p.m.

Admission Free

Use of collections for research is encouraged. Prior arrangements should be made by contacting James Edmonson. Objects are loaned to other museums.

Credits

Dittrick Museum of Medical History

Cover illustration: "Cleveland, 1853." *This 1853 lithograph, published by Smith Brothers and Company in New York, represents the bustling city where Webb studied medicine. The first large building with the cupola next to the lakeshore was the U.S. Marine Hospital, built in 1852. The building to the right of the hospital was the Cleveland Medical College. (Photo courtesy of Dittrick Museum of Medical History.)*

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